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PRACTICAL

HUMAN ANATOMY

WORKING-GUIDE FOR STUDENTS OF MEDICINE

AND A

READY-REFERENCE FOR SURGEONS AND PHYSICIANS

FOURTH EDITION, "ATLAS" FORM

BY

FANEUIL D. WEISSE, M.D.

PROSECTOR (1863 TO 1865) TO THE LATE VALENTINE MOTT, M.D., LL.D., EMERITUS PROFESSOR OF SURGERY AND SURGICAL ANATOMY, PROFESSOR OF SURGICAL PATHOLOGY (1874-1875), PROFESSOR OF SURGICAL ANATOMY (1875-1876) PROFESSOR OF PRACTICAL AND SURGICAL ANATOMY (1876 TO 1889), MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK

PROFESSOR OF ANATOMY, NEW YORK COLLEGE OF DENTISTRY, SINCE 1865

ILLUSTRATED BY 222 LETTERED PLATES CONTAINING 321 FIGURES

NEW YORK

JAMES T. DOUGHERTY

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To

JOHN A. WEISSE, M.D.

MY FATHER,

THIS WORK IS DEDICATED

WITH THE WARMEST FILIAL AFFECTION, AND A DEEP SENSE OF GRATITUDE

FOR HIS PERSONAL GUIDANCE OF MY EDUCATION.

47210

PREFACE TO FIRST EDITION.

THIS work was commenced with a desire—after an experience of nearly twenty years in study, actual dissections, and the teaching of anatomy—to produce a practical working-guide for the student at the cadaver, and a ready-reference book, which would take the place of the cadaver, for practitioners of surgery and medicine.

The plan of the work embraces the following points:

1st, the division of the body into *practical dissections;*

2d, the giving, in *dissection-paragraphs*, the progressive steps by which the several parts, involved in a dissection, are to be systematically displayed;

3d, the guidance, by lines across the parts in the plates—called *section-lines*—to the points where they are to be cut, for their reflection, in order to advance to a succeeding stage of the dissection;

4th, the indication, by *numbering the parts of the dissections*, of the order in which they are exposed;

5th, the description of the parts, in *descriptive-anatomy paragraphs*, as they are brought into view;

6th, the adherence, in expressing the relations of parts, to a well-defined nomenclature of *general* and *special anatomical terms;*

7th, the illustration of the anatomy of the regions and viscera of the body by plates, *with the names of the parts printed upon them or at the sides of the figures with indicating lines to them*—the *dead-anatomy* is thus presented to the student, and the *living-anatomy* to the surgeon and physician.

The dissections have been planned, as far as practicable, to give all the attachments of included muscles.

Each dissection has been completely described and illustrated, irrespective of the contiguous dissections upon which it may encroach.

The bones of the body have not been described in detail; their practical relations to the anatomical elements of the several dissec-

tions are shown in the plate illustrations of their surfaces with the areas they afford for muscle attachments; together with their presentation in the progressive steps of the dissections.

The attachments of muscles are given without any distinction as to their being the *origin* and *insertion* of the same; it is more natural and clear to enumerate the attachments only.

The illustrations include the following:

153 full-page, original plates;
51 plates of 132 original figures;
6 full-page plates selected from standard authors;
9 plates of 25 figures, selected from standard authors;
Plate 56, of one original and two selected figures;
Plate 66, of one original and one selected figure;
15 original text figures.

The original plates and figures were sketched and drawn by Mr. Maximilian Cohn from dissections by the author.

The illustration and description of the complete distribution of the sympathetic nervous system and of the lymphatic system have not been given, as they do not come within the scope of the work. The dissection of the globe of the eye, and of the auditory apparatus have been omitted.

No reference has been made to surgical and medical or applied anatomy, as it is deemed best to do *one thing at a time*. Moreover, the systematic mastery of the anatomy of the body places one in a position to make practical applications of the same, to the elucidation of surgical, medical, and obstetrical problems; and to read, appreciatively, the special works on surgical and medical anatomy.

That which can be demonstrated to the unaided eye is the province of anatomy; therefore, the structure of parts, requiring the aid of the microscope, has not been alluded to, as it belongs to Histology.

The practitioner of surgery and medicine, in the absence of a cadaver to refer to, has been much in need of illustrations of anatomy, that would present him a progressive series of dissections of a region or organ about which he desired information. To meet this want has been one of the aims in the preparation of this work, special attention having been given to those regions and organs which claim frequent surgical and medical care. To this end also the contents and index have been so elaborated as to facilitate the finding of the plate illustrations and text descriptions of any part.

Too much cannot be said in praise of the comparatively won-

ful reproductions of nature, given us in the plates and plate figures; and the clearness of his lettering of the same. The illustrations are photographic in their representations of nature and are works of art in themselves.

Thanks are due to the Moss Engraving Co. for the care which has been bestowed upon the photo-engraving and the printing of the plates.

Nature has been the text-book to which reference has always been made; but, a due respect for the labors of our fathers and of our contemporaries has been kept in view.

The original intention was to illustrate this work by selections from the illustrations of standard authors, simply adapting and lettering the same to fulfil our purpose. After having carried out this scheme to the extent of some 300 photo-plates and 150 electrotypes, the plan was abandoned because it was found impracticable to accomplish the object of the work therewith, and *the cadaver was resorted to.*

Errors and omissions, no doubt, may be found in the text and plates, but should any, *of whatever nature*, appear to a reader, his personal communication of the same to the author will be regarded as a kindness.

The manifold difficulties and disappointments that have been met with, in the evolution of this volume, are only for a private ear. The desired end will have been attained, if the fruits borne of years of time, thought, and labor are: that it enables the student of medicine to acquire, more readily and thoroughly, a knowledge of human anatomy; and proves a companion to the surgeon and the physician, to keep them in mind of the practical facts of anatomy.

51 WEST 22d STREET,
NEW YORK CITY, December, 1885.

PREFACE TO FOURTH EDITION, "ATLAS" FORM.

The solicitation of many who have used "Practical Human Anatomy," now out of print for several years; the great demand for second hand copies—which are found almost impossible to obtain; the constantly recurring statements of *dissectors*, that the plates are, in themselves, all they need to guide them in their work; and of *surgeons*, that they had learned, by experience, to rely upon a review of the plates of a region to guide them in a given operation; the favorable reception of the three first editions, as evidenced by letters and personal opinions from accredited authorities on anatomy, from surgeons and from students, have decided the author to present a Fourth Edition of his work, in "Atlas" form, to medical students, surgeons and physicians.

FANEUIL D. WEISSE, M.D.

46 West 20th Street, New York, June, 1899.

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PRACTICAL HUMAN ANATOMY.

INTRODUCTION.

It is, for the following reasons, of the greatest importance that the dissector read this introduction, carefully, before commencing his dissections; first, that he may be prepared to use this work to the greatest possible advantage; second, that he may have a general appreciation of the anatomical elements that he is to meet with; third, that he may obtain a general idea of how to dissect the several parts which enter into the make-up of the body; fourth, that he may know the relative importance of the parts exposed in a given dissection, and, thereby be guided, as to which to preserve and which to cut away, as he progresses.

WORKING PLAN.

Dissectors Use of the Work.—The plates illustrating a given dissection are to be carefully reviewed, before commencing the dissection, as follows:

The bone areas involved are to be noted, then the consecutive order in which the parts come into view in the plates presenting the several anatomical elements. By carrying forward the dissection with strict adherence to the sequence presented by the plates, when the bone surfaces are reached, the dissector will have obtained a complete practical knowledge of the anatomy of the region or part.

In pursuing the dissection, by the plates, the dissector will notice *black lines crossing parts in the plates* (muscles, vessels, etc.). They indicate the points *where* and the stage of the dissection *when* the parts lined are to be sectioned, that the same may be reflected in order to expose to advantage subjacent parts. In some of the plate series, after the section lines have presented on parts, those parts do not appear in subsequent plates of the series—the dissector need not

cut away the parts sectioned, but simply reflect them off, end for end, for future replacement and removal, as he would turn the leaves of a book.

Surgeons Use of the Work.—With a given operation in view, the surgeon may, by a review of the plates of the region of the operation, refresh his mind on the relations of the anatomical elements involved.

Physicians Use of the Work.—With a case of disease of a given organ, a physician may, by a review of the plates displaying the organ and its relations, renew his knowledge of the part.

Contents and Index.—The Contents groups the plates of a given region or of a given organ or organs; while the Index—exhaustive as it is—affords a rapid guide to the finding of any given anatomical element, in all the plates in which it is displayed.

Of Right and Left Parts.—Of necessity the plates present in some instances a view of the right side, in others of the left side; the student or reviewer must therefore take his bearings accordingly.

Special Plates to be Noted by the Dissector.—In Plate 38, section lines, are indicated on abdominal aorta and inferior vena cava, which will enable the kidneys and supra-renal capsules with their vessels, included portions of abdominal aorta and inferior vena cava, and the ureters and spermatic or ovarian vessels to be dissected off and carried inferiorly into the pelvis, from which they can be removed from the body collectively, through the outlet of the pelvis, with the bladder, rectum and male or female internal genitalis, for subsequent special dissection.

In Plate 138, section lines indicate where parts at the base of the neck are to be cut so as to enable the viscera to be collectively taken out of the thorax, as follows: free the right and left lung from parietal pleuritic adhesions, cut the pericardium at the circumference of its diaphragmatic attachment, then grasp firmly the inferior ends of the sectioned parts at the base of the neck, and drag the organs forwards and downwards from the thoracic cavity, freeing them below by cutting the inferior vena cava as it comes through the diaphragm, and the phrenic nerves and vessels where they enter the superior surface of the diaphragm.

In Plate 197, section lines indicate where parts are to be cut at

ynx with the collateral vessels and nerves, from the prevertebral muscles of the neck; by reflecting them in a direction forwards and upwards, *until* a saw can be passed between the pharynx and the prevertebral muscles, that the base of the cranium may be sawed upwards, thereby removing, in mass, the viscera of the neck, the face and anterior half of the cranium, from the prevertebral muscles of the neck and the posterior half of the cranium.

In Plates 153 and 154 the laminæ of the vertebræ and of the sacrum are to be sawn through on both sides of the median line and the included portions of the posterior wall of the spinal canal removed, in sections, to expose the spinal cord as displayed.

DISSECTING INSTRUMENTS.

Dissecting Instruments, Plate 1.—Experience has proved, that the following instruments, etc., will meet all the wants of the dissector, and in some respects, better than the contents of the conventional dissecting case; a pair of modified Coxeter forceps, two scalpels, a pair of sharp-pointed curved scissors, chain-hooks, thumb-pins, clasp-pins, two probes, and a scalpel strop. As contained in their case (1), they fulfil the ends of *compactness*, *usefulness* and *economy*.

Forceps.—The forceps (2) is the "Coxeter forceps," modified by having its head cut square across, so that, when the closed blades are held in the hand, it may be used to strip muscles apart, etc.

Scalpels.—Each scalpel has a thick handle; a portion of the blade forms a shank to the knife, which strengthens the instrument, facilitates its manipulation, and limits its cutting portion to its available edge. One of the scalpels (3) has a rounded end, and a very convex cutting edge, which continues to the end of the blade; this scalpel is adapted for coarse work, such as reflecting flaps of skin, etc., and clearing fasciæ and muscles. The pointed scalpel (4) has a very convex cutting edge, and is intended for delicate work on nerves and vessels. These two knives will fulfill all the requirements of dissection.

Curved Scissors.—The sharp-pointed curved scissors (5) presents nothing peculiar. As an instrument for the dissector, it should be much more used than it is; after a little practice, it can with great advantage, in many instances, be made to take the place of the scalpel. As a scissors, it answers all the needs of a straight pair.

Chain-Hooks.—The chain-hooks (6) have blunt points and the chain is very strong.

Thread.—The dissector should provide himself with *coarse linen thread*, and a needle for the same. Flaps may be advantageously reflected by threads tied into perforations at their borders. Loops of thread passed around vessels, nerves, etc.—with their ends tied—will be found useful in holding them off.

Probes.—These (7) are used to demonstrate ducts, vessels, sheaths of tendons, etc.

Scalpel Strop.—This (8) will be found very convenient; one's knife is continually dulled, while dissecting; but a few passes of the scalpel over the strop will sharpen it.

A saw, chisel, hammer and hook, costotome, intestine scissors, etc., required by the dissector, constitute a part of the furniture of a practical anatomy room.

GENERAL RULES FOR DISSECTION.

Division of a Cadaver.—A cadaver may be divided into *sections* to be worked by five, six, or eight dissectors. A body assigned to five, one takes the head and neck, two take the upper extremities and thorax, and two the lower extremities, the pelvis and the abdomen. A subject, apportioned to six, one works the head and neck, one the trunk (thorax, abdomen, and pelvis), two work the upper extremities, and two the lower extremities. A body, dissected by eight, there will be two to the head and neck, two to the trunk (thorax, abdomen and pelvis), two to the upper extremities and two to the lower extremities.

Object of Dissection.—*The object of dissection is to separate parts, not to cut them.* With the separation of parts is included the removal from their surfaces of fibrous tissue of investiture—as membranes, areolar tissue, fasciæ, inter-muscular septa and vessel-sheaths.

Rules for Dissection.—There are three rules to be followed to make a good dissector:

First.—*Know what you are to look for.* This knowledge is attained by having previously read a description of the parts to be found in a given region.

Second.—*Work slowly and thoroughly.* To fulfil this rule, do not

progressive steps of a given dissection, as laid down in the book, which you have selected to guide you.

Third.—*Never let your knife cut when you do not know what it is about to divide.*

Review of a Dissection.—When finishing work replace parts, as nearly as possible in their normal relations, so that on resuming work they may be removed in their relative order; this affords repeated reviews of a dissection.

How to Keep a Dissection.—Re-apply skin flaps; *lay on the part the refuse tissue from the dissection;* cover with a *dampened* piece of muslin; and, outside of all, wrap a piece of dry muslin or oil-silk.

SPECIAL RULES OF DISSECTION.

Anatomical Elements.—By an anatomical element, borrowing the term from chemical nomenclature, is to be understood a structural part of the body, such as the skin, a muscle, etc. The anatomical elements entering into the construction of the regions of the body are: *epidermis, skin, subcutaneous tissue, superficial fascia, intermuscular septa, muscles, bursæ, synovial sheaths of tendons, deep fasciæ, arteries, veins, lymphatic vessels, lymphatic glands, nerves, viscera, ducts, mucous membranes, serous membranes, ligaments, fibro-cartilages, cartilages* and *bones.* All these elements are not present in every region of the body and some are found only in special regions.

Epidermis.—The epidermis or cuticle claims the respect of the dissector as a useful portion of the skin to him: where the epidermis is removed, the evaporation that takes place causes the skin and subjacent tissues to become hard, dry and matted together, so as to interfere materially with dissection.

Skin.—The skin or derma varies very much as to thickness, in the different regions. In making skin incisions, care should be taken, that the skin alone is cut through, as subcutaneous vessels, nerves and even the muscles may be divided, and mar, in consequence, subsequent dissection.

Dissection.—The position of the knife, in making an incision through the skin or any other membrane, should be vertical to the surface (Fig. 1, Plate 2); in this position, the knife should be steadied, by the little finger resting upon the surface, and driven by the index finger at its shank; it should be drawn, as thus held, from the initial point to the terminus of the incision, the point only of the knife cutting the tissue. In reflecting flaps of skin, or other membranes

(fasciæ, etc.), they should be commenced (Fig. 2, Plate 2) by pinching up the initial flap with the forceps, and incising the subcutaneous tissue, so as to raise the skin alone; as soon as there is sufficient flap to enable it to be grasped, it should be held taut in the fingers (Fig. 3, Plate 2) at about two inches from its attached margin; the scalpel should be held lightly with its blade flat on the subcutaneous tissue, its cutting edge at a right angle to the skin; in this position the strokes should be made in long sweeps, never allowing the cutting edge to actually touch the skin. It is not a cutting that is effected, but a scratching with the edge of the knife, which parts the taut fibrous framework of the subcutaneous tissue, thus allowing the skin to be raised from the surface beneath. Never cut away a portion of reflected skin, as it is the best possible protective covering to dissected parts.

Subcutaneous Tissue.—The subcutaneous tissue is more or less loaded with fat and has embedded in it vessels and nerves. In some regions it can be split into two layers, which may be designated as the *superficial and the deep layer of the subcutaneous tissue.* This nomenclature avoids the confusion, which arises, if the subcutaneous tissue is called superficial fascia, and its layers superficial and deep fascia or superficial and deep layers of the superficial fascia.

Subcutaneous Veins.—The veins, found in the subcutaneous tissue, occupy a superficial plane, and are distinguished because of the dark color, imparted to them by blood clot within.

DISSECTION.—The subcutaneous veins should be raised free from the tissue in which they are embedded, so as to lie loosely thereon.

Subcutaneous Nerves.—The subcutaneous nerves lie in a plane beneath the veins, and, as a rule, contiguous to and parallel with them.

DISSECTION.—They may be found by scratching through the subcutaneous tissue, at a right angle to the course of the nerves (Fig. 4, Plate 2); thus the subcutaneous tissue is displaced and the resistant nerve-cord becomes apparent; once recognized, at a given point, the nerve may be raised with the forceps and stripped out from its bedding with the point of the scalpel (Fig. 5, Plate 2), or with scissors. Having recognized the subcutaneous veins and nerves, the subcutaneous tissue, as flap or otherwise, may be cut away from the area of the dissection region. The subcutaneous veins and nerves may be divided and reflected as may be directed.

Superficial Fascia, Fig. 1, Plate 3.—The superficial fascia of a region is a sheet of fibrous tissue, which covers the superficies of the muscles; it is continuous over the whole body, and here and

etc., to subserve the office of bands of protection and inclusion, to bind down tendons or insure firm packing of subjacent parts.

DISSECTION.—Incisions of fascia should be made (the same as skin incisions) parallel with the fibres of the subjacent muscles. Flaps of fascia should be reflected, the same as the skin, the strokes of the blade of the scalpel should be parallel with the muscle fibres (Fig. 6, Plate 2). In reflecting the fascia from off a group of muscles, it will be noted that, at each intermuscular space, a continuity of the fascia with fibrous tissue in the intermuscular space exists; it is therefore necessary to cut through this fibrous tissue septum, in order to expose the adjacent muscle. In certain regions, the subjacent muscles are attached to the under surface of the fascia; at these areas, no attempts should be made to raise the fascia, but the same may be left upon the muscle, by cutting the fascia at the circumference of the attached portion. *Reflections of fascia should not be cut away.*

Intermuscular Septa, Figs. 2 and 3, Plate 3.—The intermuscular septa are fibrous tissue walls, recognized above, in continuity with the deep surface of the superficial fascia. They occupy the interspaces between muscles, forming compartments (Fig. 2) for their lodgement, and completely isolating each from the other. In Fig. 3, the intermuscular septa are shown in a transverse section of a limb.

Muscles.—The voluntary muscles invest the bony framework, being attached to the bones, at both ends, so as to produce movements at their articulations, or as in the case of the muscles of the face—attached to bone at one end and the skin at the other—to produce the facial expressions. Structurally, a muscle consists of a framework of fibrous tissue, which is continuous between its attachments; the tendon and the aponeurosis (flat tendon of a broad muscle) are respectively the fibrous framework of the muscle continued by itself; the fleshy portion of the muscle has, in addition, the muscle structure, lodged in the interstices of the fibrous framework. Every muscle is supplied with arteries, veins, lymphatics and nerves; the arteries and nerve or nerves are derived from contiguous trunks. The arterial and nerve supply should always be recognized and the same traced to where they enter the muscle; their entrance will usually be found at the protected surfaces of the muscle.

DISSECTION.—In cleaning a muscle, never grasp it with the forceps, but let the tissue, to be removed from the muscle, be held off; the scalpel should be guided parallel with the muscle fibres (Fig. 6, Plate 2); the handle of the scalpel and the head of the forceps are excellent instruments to strip the sides of a muscle free from contiguous parts; but, in so doing, care must be taken not to

break off nerves and vessels at their points of penetration into the muscle. In unpacking or separating muscles, lying in different planes or in contiguity in the same plane, they cannot be regarded as cleaned, until all their surfaces are freed from fibrous tissue.

Bursæ, Fig. 1, Plate 4; Plate 60.—A bursæ is a fibrous-tissue bag, containing fluid, which is lodged upon a bony prominence, upon which skin or muscle plays; its object is to obviate undue irritation of the skin or muscle by pressure. The subcutaneous bursæ over the patella (Plate 60), and the submuscular bursæ of the gluteus maximus and obturator internus (Fig. 1, Plate 4) are examples.

DISSECTION.—After recognition, a bursa may be cut away and its relations appreciated.

Sheaths of Tendons, Fig. 2, Plate 4.—Sheaths invest the long tendons of the limbs, for the isolation of the same, and the play of the tendons is facilitated by the sheaths being lined by serous membrane, which secretes synovia upon them to lubricate their surfaces. Examples of the synovial sheaths are well seen at the wrist and palm.

DISSECTION.—In the appreciation of the synovial sheaths of tendons, they should be opened at a given point and a probe inserted into them, along the tendon in both directions, to determine the extent of their investiture. After recognition, they should be stripped from the tendons with the curved scissors or scalpel.

Deep Fasciæ.—The deep fasciæ are specially thick septa or fasciæ, prolonged between the anatomical elements of a region, which form compartments for the grouping of muscles or the isolation of contiguous parts. They are also found lining the interior of cavities.

DISSECTION.—Their extent and points of attachment should be appreciated, after which, *if they interfere with subsequent dissection, they should be cut away*.

Arteries.—The arteries, when injected with substances such as plaster, wax, or rubber, are readily recognized, but when not so injected, they appear as flattened empty tubes. The smaller arteries are, as a rule, accompanied by two veins, called venæ comites, the larger ones by a single venous trunk.

DISSECTION.—The arterial trunks of a region should be first cleared of areolar tissue and sheath investitures; then their primary branches determined in the order of their size. All branches of distribution should be followed to the parts to which they distribute, and the anastomoses of branches should be

Veins.—The veins of the body are subcutaneous and comites. The subcutaneous veins are lodged, as their name indicates. The comites or deep veins accompany arteries; some of the deep veins are not comites. The venous channels (sinuses) within the cranium are not comites of arteries.

Dissection.—With a few exceptions, which will be noted, the subcutaneous veins do not require the dissector's attention; the venæ comites of the small arteries do not warrant preservation, as the recognition of the artery carries with it the appreciation of its companion veins; *the venæ comites of the small arteries may therefore be stripped away from them in the cleaning of the latter.* The large venous trunks run contiguous to the arteries, one to each, and their relations should be carefully noted; special directions will be given, when and how they are to be removed. *In dissecting arteries and veins the same rule holds as with muscles, viz.: that the vessels should not be raised by the forceps, but only the adventitious tissue and venæ comites (in the case of small arteries) are to be drawn away and cut from the surface of the vessel* (see the figure illustrating the cleaning of a muscle, Fig. 6, Plate 2), *the knife cutting parallel with the vessel, never across it.*

Nerves.—The nerve trunks of a region will be found to run parallel with its vessels. If not immediately contiguous they are not far removed. In appreciating a nerve it must be remembered that it is either motor, sensory or mixed (containing both motor and sensory fibres). If a nerve is motor, its distribution will be to muscle only; if sensory only, it ends at an organ of special sense or the skin; if a mixed nerve, it will be found to have a deep distribution of its motor filaments to the muscles and a superficial distribution of its sensory filaments to the skin. With the exception of a few nerves in the region of the head, which are either specially sensory or specially motor, the nerves of the body are mixed, having a deep muscle and a superficial skin distribution.

Dissection.—In exposing a nerve it should be first isolated for a short portion of its course, as with a subcutaneous nerve (see Fig. 4, Plate 2), then raise the nerve taut with the forceps (see Fig. 5, Plate 2), and with the sharp-pointed scalpel, held with its edge from you and cutting parallel with the nerve, strip out the nerve from the fibrous tissue, in which it is imbedded; as soon as enough of the nerve has been freed, it should be held in the fingers of the left hand and its stripping out continued. Observe the giving off of branches, those to the muscles, those communicating with contiguous nerves, and those to the skin, as the case may be. All the branches of a nerve should be traced to the parts, to which they distribute; the most delicate nerves, when once stripped out, will bear a great deal of handling, and the completeness of a dissection will more than reward the extra pains, taken to preserve them.

The dissector, in his general work, will be able to find, with but few exceptions, all the nerves shown in the plates. In a few of the plates, not original (Plate 33), the nerves were dissected out after the regional sections had been preserved, for a long time, in dilute nitric acid.

Lymphatic Glands.—Lymphatic glands are to be found in given situations in the body; when large they are evidence of a pathological condition, as in the perfect organism they may escape detection.

DISSECTION.—In the course of dissection it is sufficient to recognize the lymphatic glands as they may present, but it is needless to preserve them.

Lymphatic Vessels.—Lymphatic vessels are recognized only in special regions, viz.: the vicinity of the receptaculum chyli and along the left lymphatic or thoracic duct. They are, as a rule, so small elsewhere as to escape detection. Pictures illustrating them are drawn from specimens, where the lymphatic vessels have been injected by special methods necessary therefor.

Viscera.—The viscera of the body are certain organs, contained within the trunk and head; the direction for their dissection will be given in their proper places.

DISSECTION.—The anatomy of a viscus is complete in itself, therefore it may be removed from the body and kept in some preservative fluid—a solution of arsenite of soda or of chloride of zinc—for special dissection. Before removal of an organ from the body, its relations, the source of its arterial and nerve supply, the destination of its vein or veins, and its duct (if it has any) should be recognized, as far as practicable.

Ducts.—Ducts are the efferent canals from the secreting viscera, for the conveyance of the products of secretion · they are found only in the trunk and head regions of the body.

DISSECTION.—The relation of a duct, in situ, is to be first appreciated; then, its point of emergence from the viscus and its destination.

Mucous Membrane.—Mucous membrane lines all canals of the body with a surface outlet; at these points the membrane will be found continuous with the skin.

Serous Membrane.—A serous membrane invests all opposed surfaces, which move upon each other, the exception being the cartilage surfaces of joints; it covers all movable organs, and lines the interior of the cavities which contain them; it lines the ligaments of the movable joints, and forms the sheaths of tendons. It secretes a lubricating fluid to facilitate friction and prevent irritating effects therefrom.

Bones.—The bones, which form the framework of a given dissection, should be considered, with reference: *first*, to the relations of their surfaces to the anatomical elements of the region; *second*, to the areas of attachment of muscles. The regional dissections have been planned so as to include all the attachments of a given muscle, thereby facilitating the appreciation of its function.

Dissection.—After a dissection has been completed, the muscles should be cut from the bones, one by one, noting the areas of their attachments. In so doing, not only the situation of a given muscle attachment is to be seen, but also its relations to contiguous areas of other muscle attachments.

Joints.—The joints of the body are the points where bone surfaces are in contiguity; they are complex in their construction, including: *bones*, *ligaments*, *cartilage*, *synovial* (serous) *membrane*, and *fibro-cartilage*. Joints are movable, partially movable, and immovable: a *movable joint* (elbow-joint) is constructed of bones covered with articular cartilage, and joined by ligaments lined by synovial membrane; if the joint is exposed to concussions (knee-joint), protection is afforded, from bone injury by the presence of movable plates of fibro-cartilage (interarticular), between the cartilage-covered articular surfaces of the bones. In other joints (hip-joint) the articular cavities are deepened by the rimming of their borders with immovable fibro-cartilage (circumferential). In the articulation of bones, which form partially movable joints (the vertebræ), cartilage and synovial membrane are wanting, and plates of immovable, fibro-cartilage (interosseous) are fixed between the articular surfaces (intervertebral discs); these latter points of bone articulation allow a slight motion of their surfaces upon each other. In the *immovable joints* (cranial and upper-jaw regions of the head) the articular surfaces of the bones are held in apposition: for the cranium, by the continuity of the exterior periosteum and the interior dura mater; for the upper-jaw region, by the continuity of the periosteum; ultimately, in both regions, the articulations between the bones are obliterated by the development of osseous tissue.

Dissection.—In the dissection of joints it is absolutely necessary that they should be moist and pliable; to keep them so, they should be kept covered by refuse tissue, with wrappings of wet muslin, and outside dry muslin or oil-silk. If they have dried from neglect, they should be soaked in water till the ligaments are again pliable. The cleaning of the surface of ligaments may be effected with curved scissors and subsequent scraping with a scalpel.

PLATE I

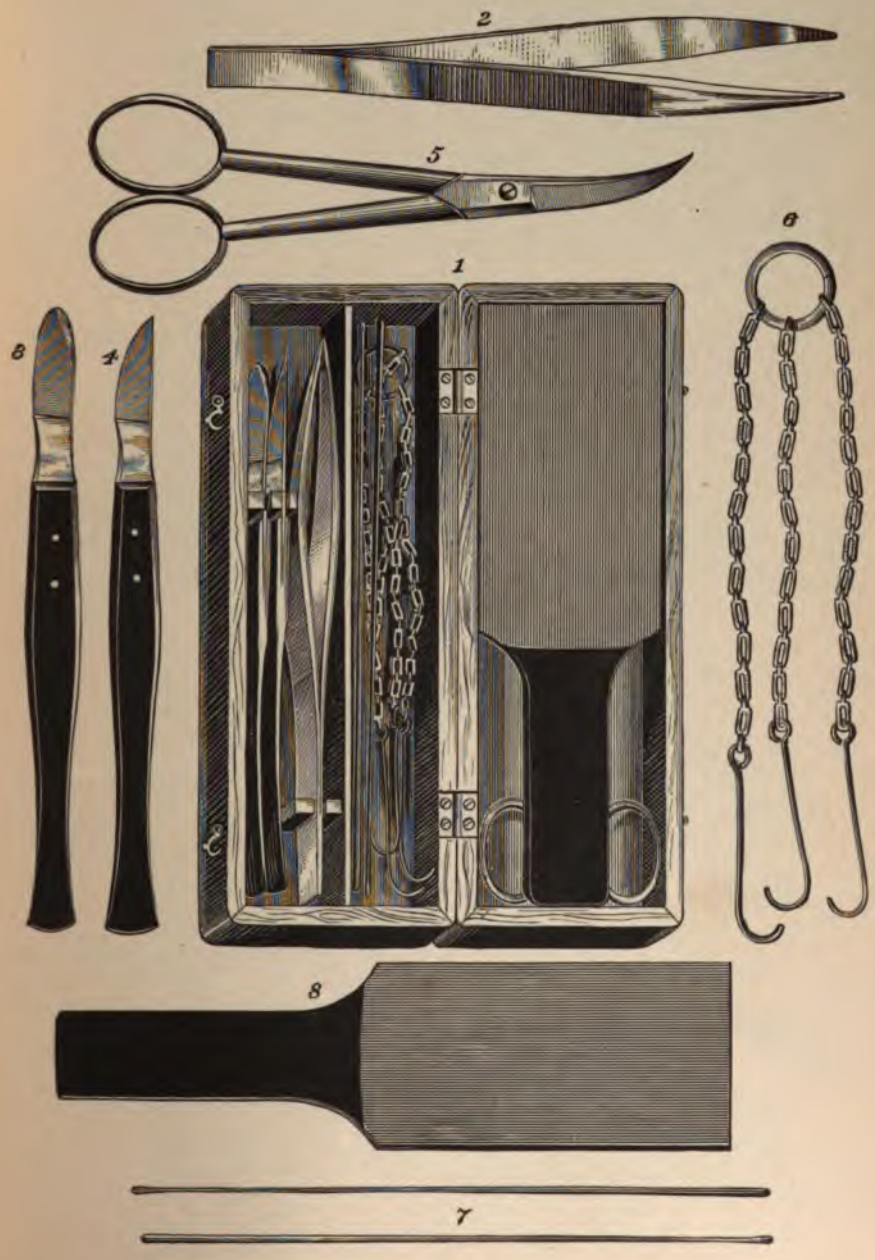


FIG. 1

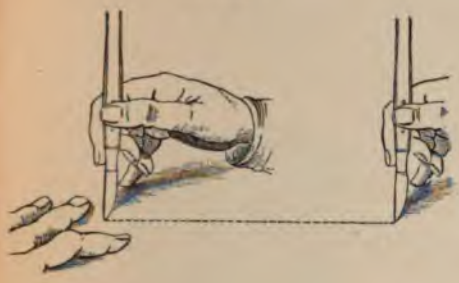


FIG. 2

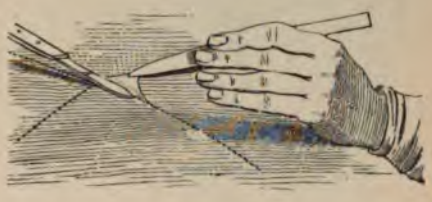


FIG. 3

FIG. 4

FIG. 6

FIG. 5

M. Cohn, ad naturam del.

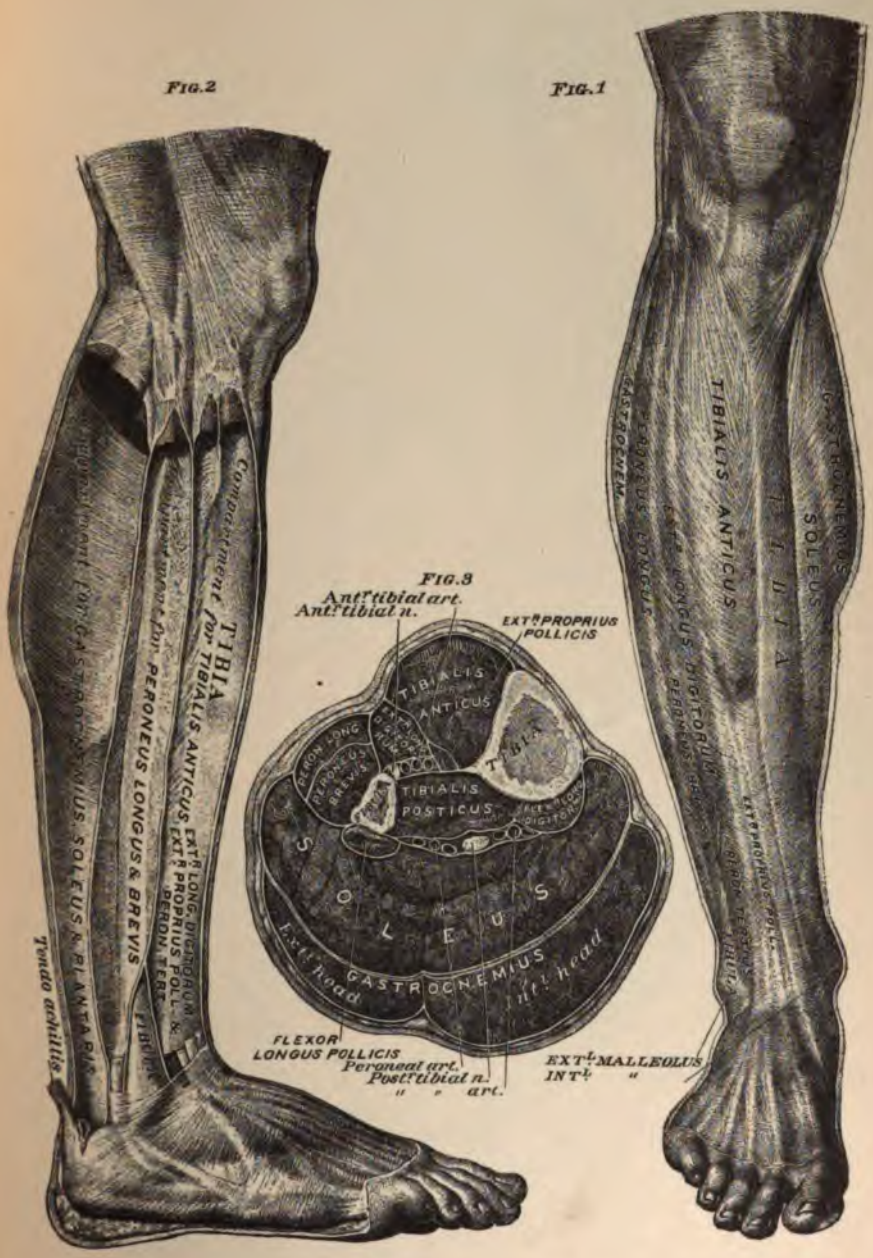


FIG.2
FIG.1
FIG.3
TIBIA
TIBIALIS ANTICUS
GASTROCNEMIUS
SOLEUS
PERONEUS LONGUS
EXT. LONG. DIGITORUM
TIBIALIS POSTICUS
FLEXOR LONGUS POLLICIS
Ant.r tibial art.
Ant.r tibial n.
EXT.R PROPRIUS POLLICIS
Peroneal art.
Post.r tibial n.
EXT.L MALLEOLUS INT.L
Tendo achillis

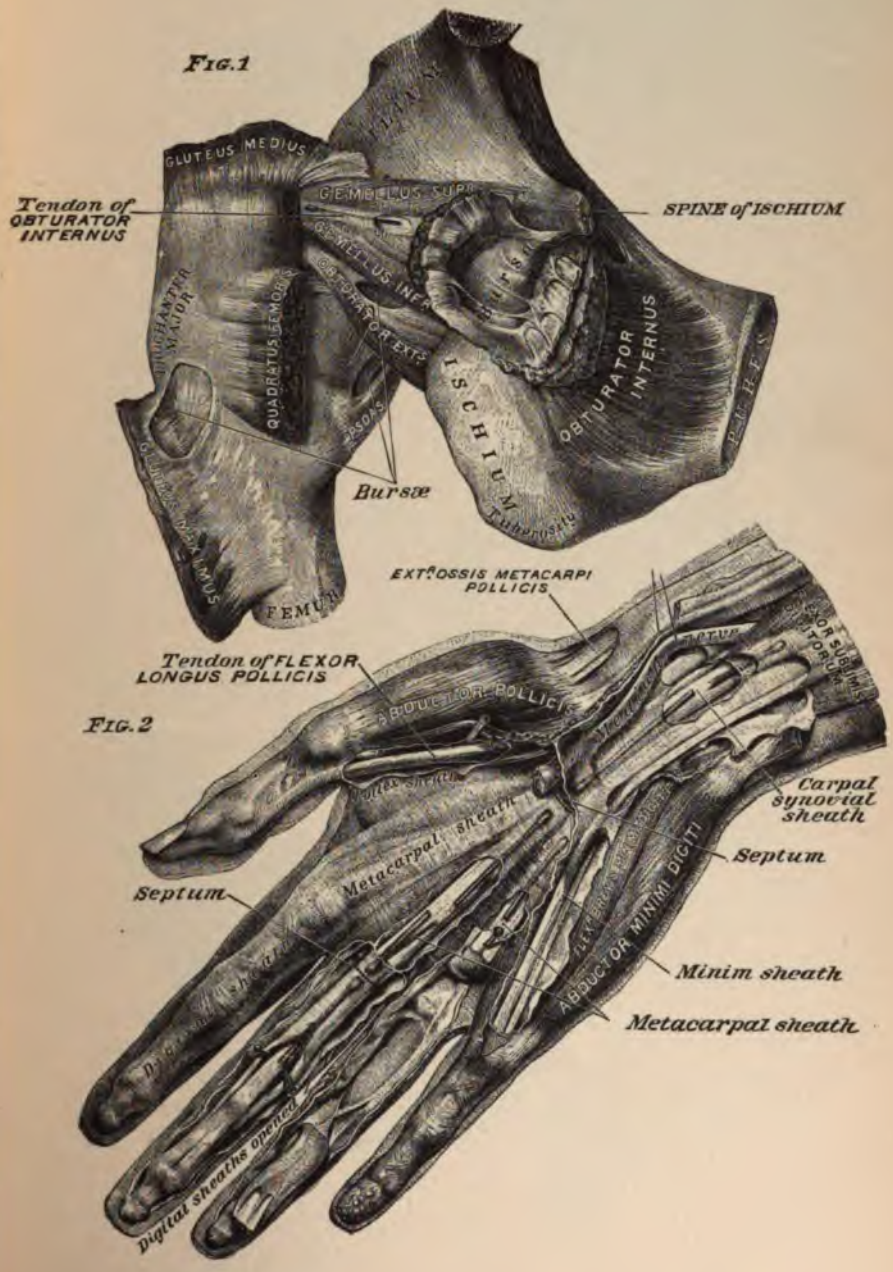


FIG. 1
GLUTEUS MEDIUS
GEMELLUS SUP.
GEMELLUS INF.
OBTURATOR EXT.
QUADRATUS FEMORIS
PSOAS
ILIACUS
ISCHIUM
OBTURATOR INTERNUS
FEMUR
Tendon of OBTURATOR INTERNUS
SPINE of ISCHIUM
Bursæ
EXT. OSSIS METACARPI POLLICIS
Tendon of FLEXOR LONGUS POLLICIS
ABDUCTOR POLLICIS
FIG. 2
Carpal synovial sheath
Septum
Metacarpal sheath
Septum
Minim sheath
ABDUCTOR MINIMI DIGITI
Metacarpal sheath
Digital sheaths opened

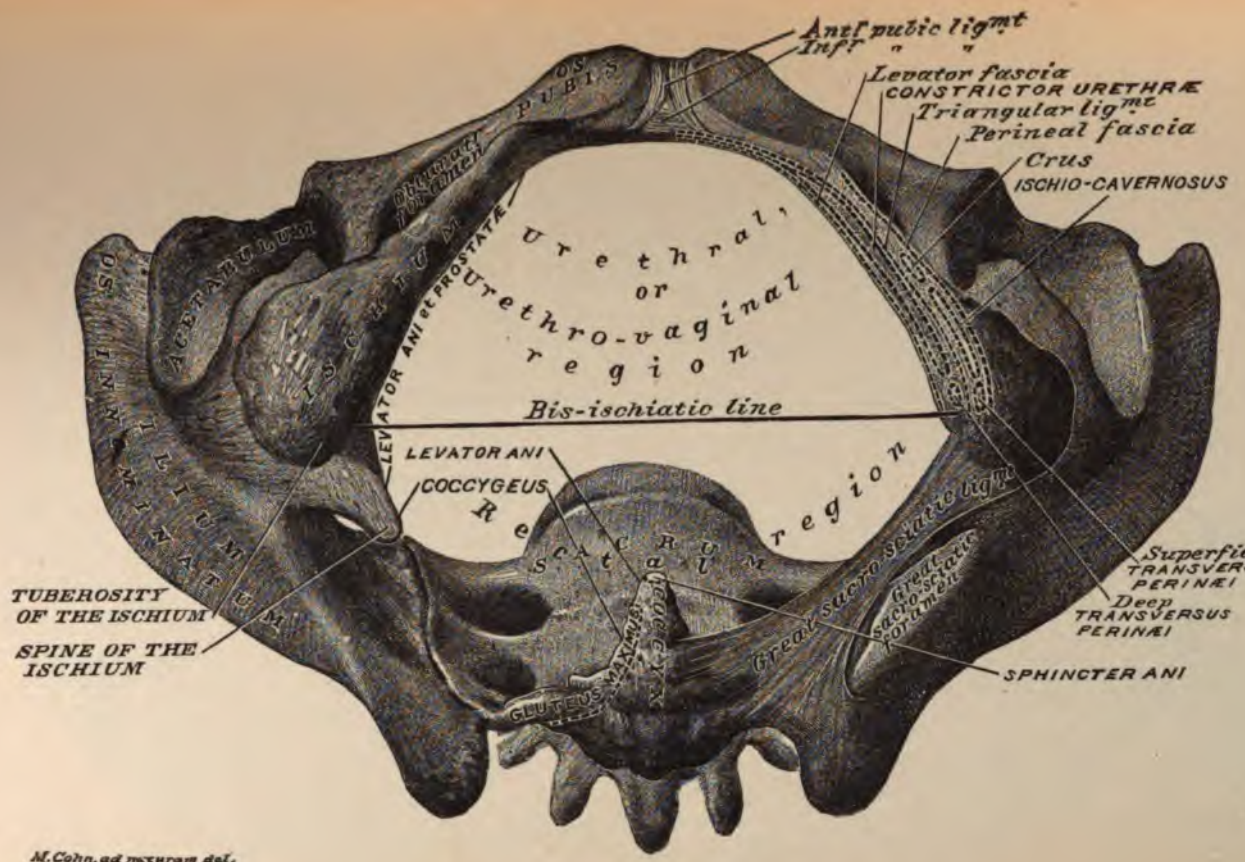
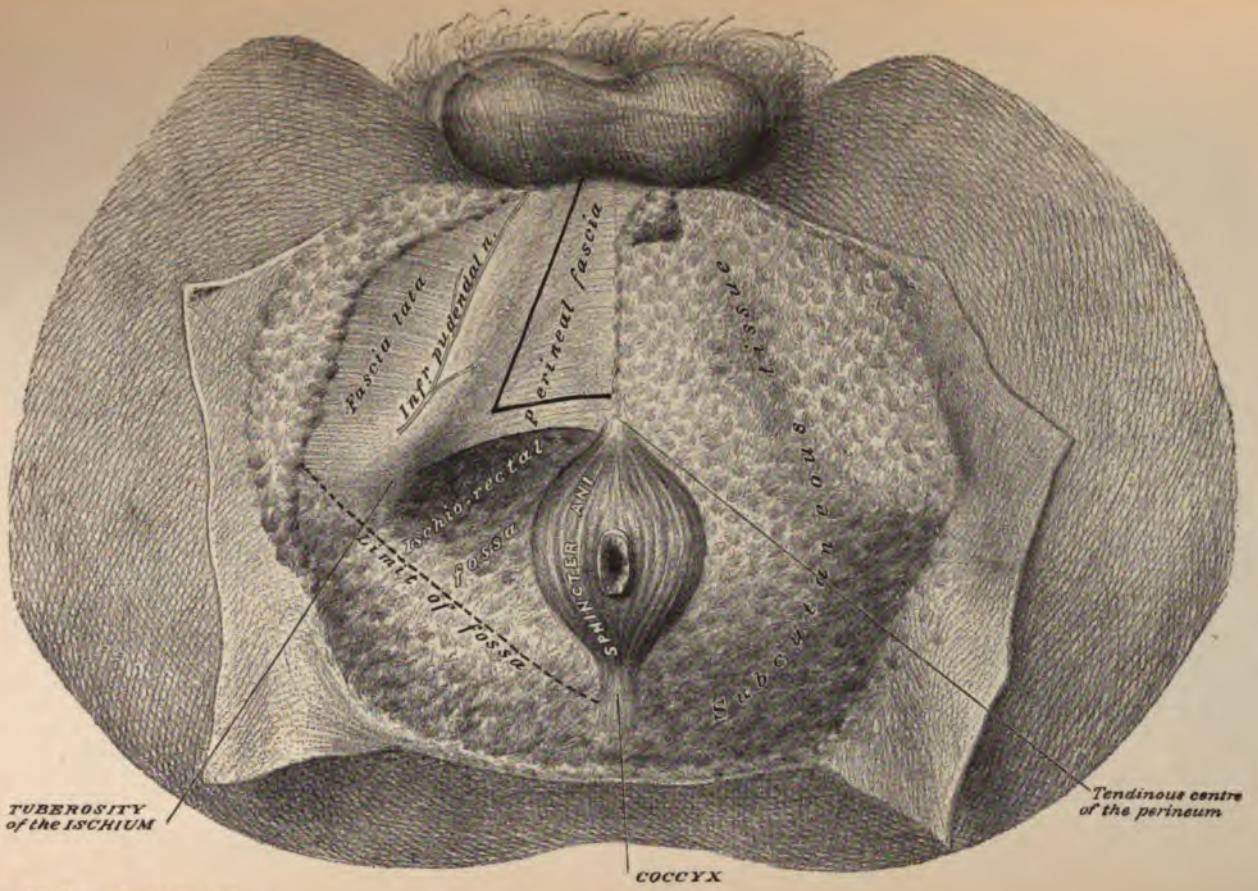

Ant.l pubic ligmt
Infr " "
Levator fascia
CONSTRICTOR URETHRÆ
Triangular ligmt
Perineal fascia
Crus
ISCHIO-CAVERNOSUS
OS PUBIS
OBTURATOR INTERNUS
ACETABULUM
ISCHIUM
OS INNOMINATUM
ILIUM
LEVATOR ANI et PROSTATÆ
Urethral or Urethro-vaginal region
Bis-ischiatic line
LEVATOR ANI
COCCYGEUS
Rectal region
SACRUM
Great sacro sciatic ligmt
Great sacro-sciatic foramen
Superficial TRANSVERSUS PERINÆI
Deep TRANSVERSUS PERINÆI
SPHINCTER ANI
GLUTEUS MAXIMUS
TUBEROSITY OF THE ISCHIUM
SPINE OF THE ISCHIUM
M. Cohn, ad naturam del.

PLATE 5



M. Cohn, ad naturam del.

PLATE 6

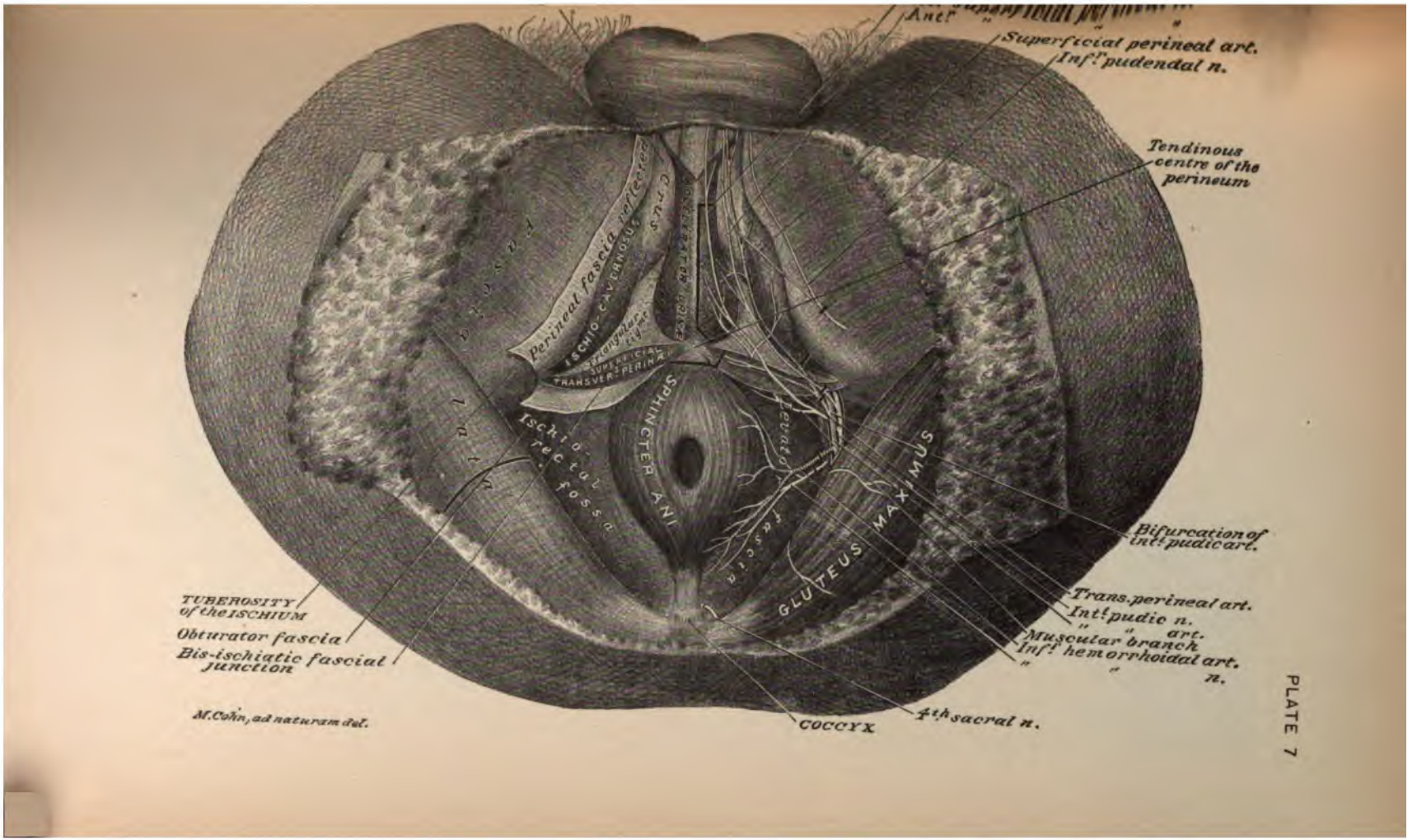

Anter " "
Superficial perineal art.
Inf.r pudendal n.
Tendinous centre of the perineum
Perineal fascia reflected
Ischio-cavernosus
Crus
Sphincter ani
Superficial transverse perinei
Ischio-rectal fossa
Sphincter ani
Fascia
Gluteus maximus
Bifurcation of int.l pudic art.
Trans. perineal art.
Int.l pudic n.
" " art.
Muscular branch
Inf.r hemorrhoidal art.
" " n.
TUBEROSITY of the ISCHIUM
Obturator fascia
Bis-ischiatic fascial junction
COCCYX
4th sacral n.
M. Cohn, ad naturam del.

PLATE 7

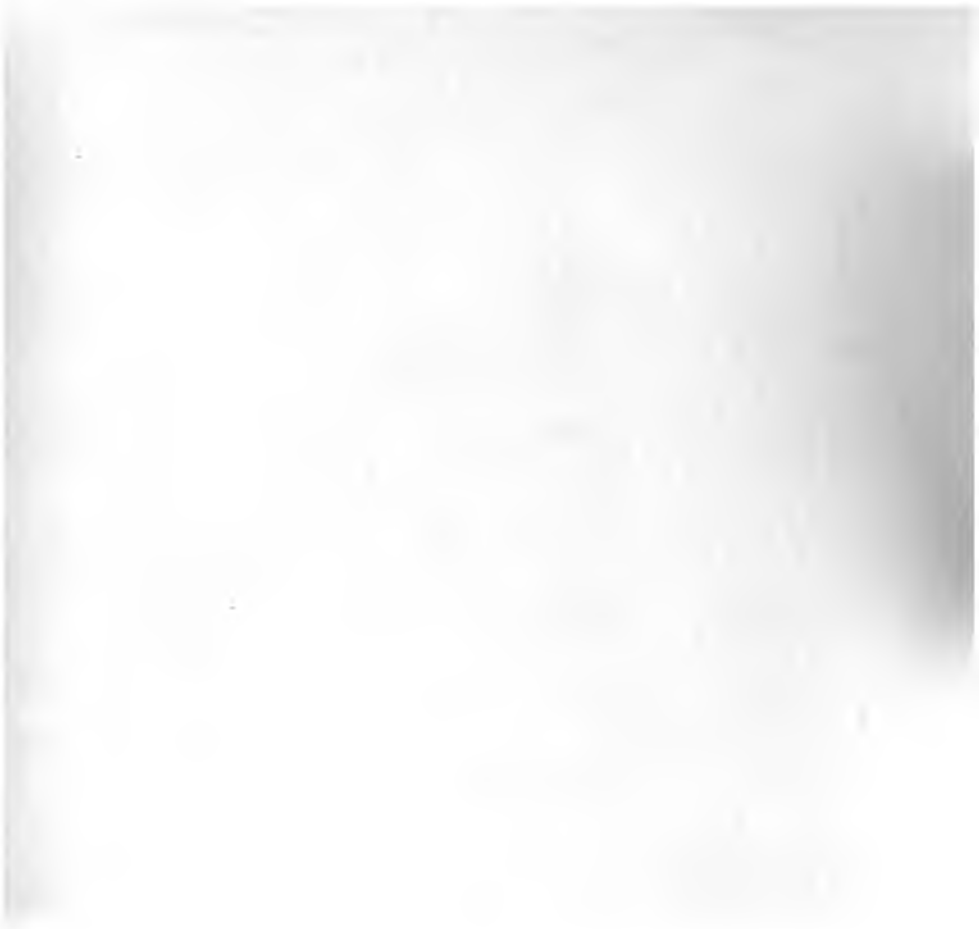


FIG. 1

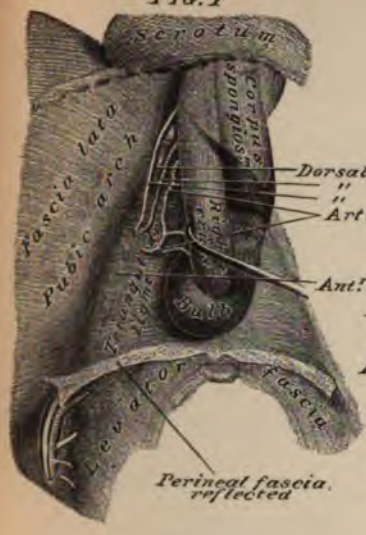


FIG. 2

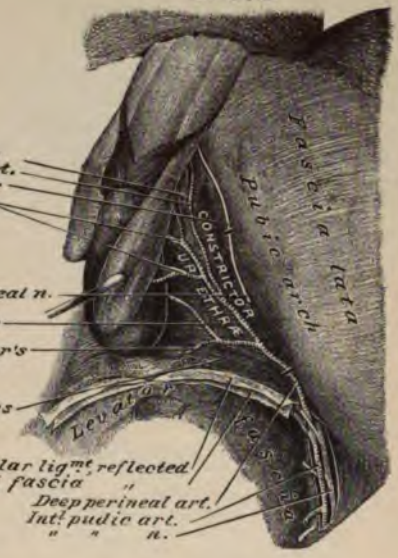
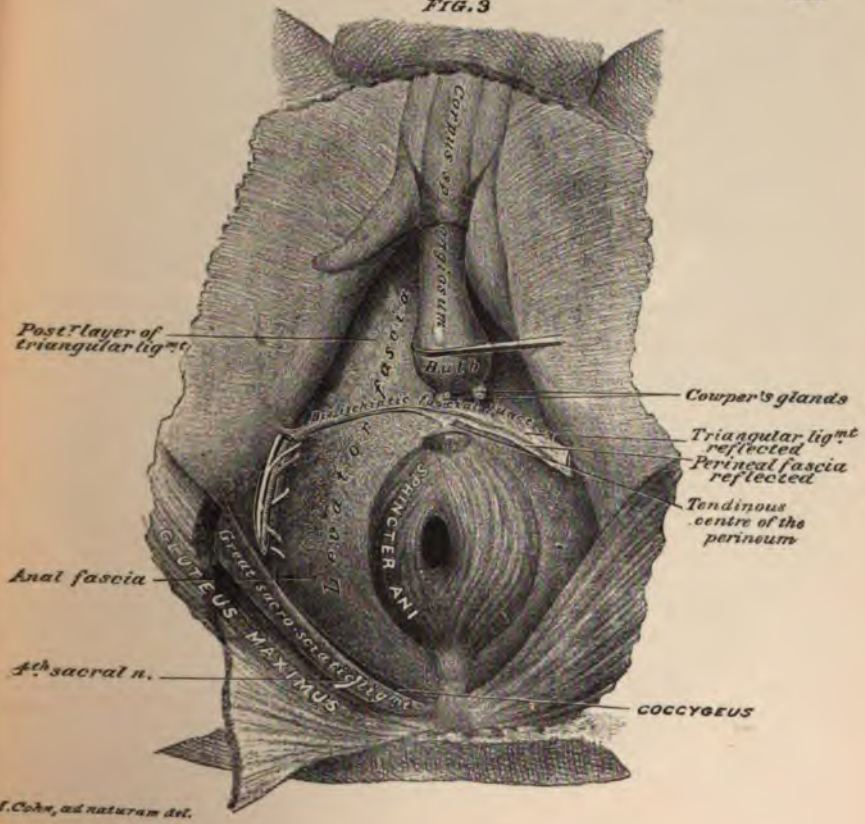


FIG. 3



M. Cohn, ad naturam del.

PLATE 8

GLUTEUS MAXIMUS
Levator fascia
Corpus spongiosum
Bulb
PROSTATE
ET
LEVATOR ANI
SPHINCTER ANI
COCCYGEUS
Fascia lata
M. Cohn, ad naturam del.

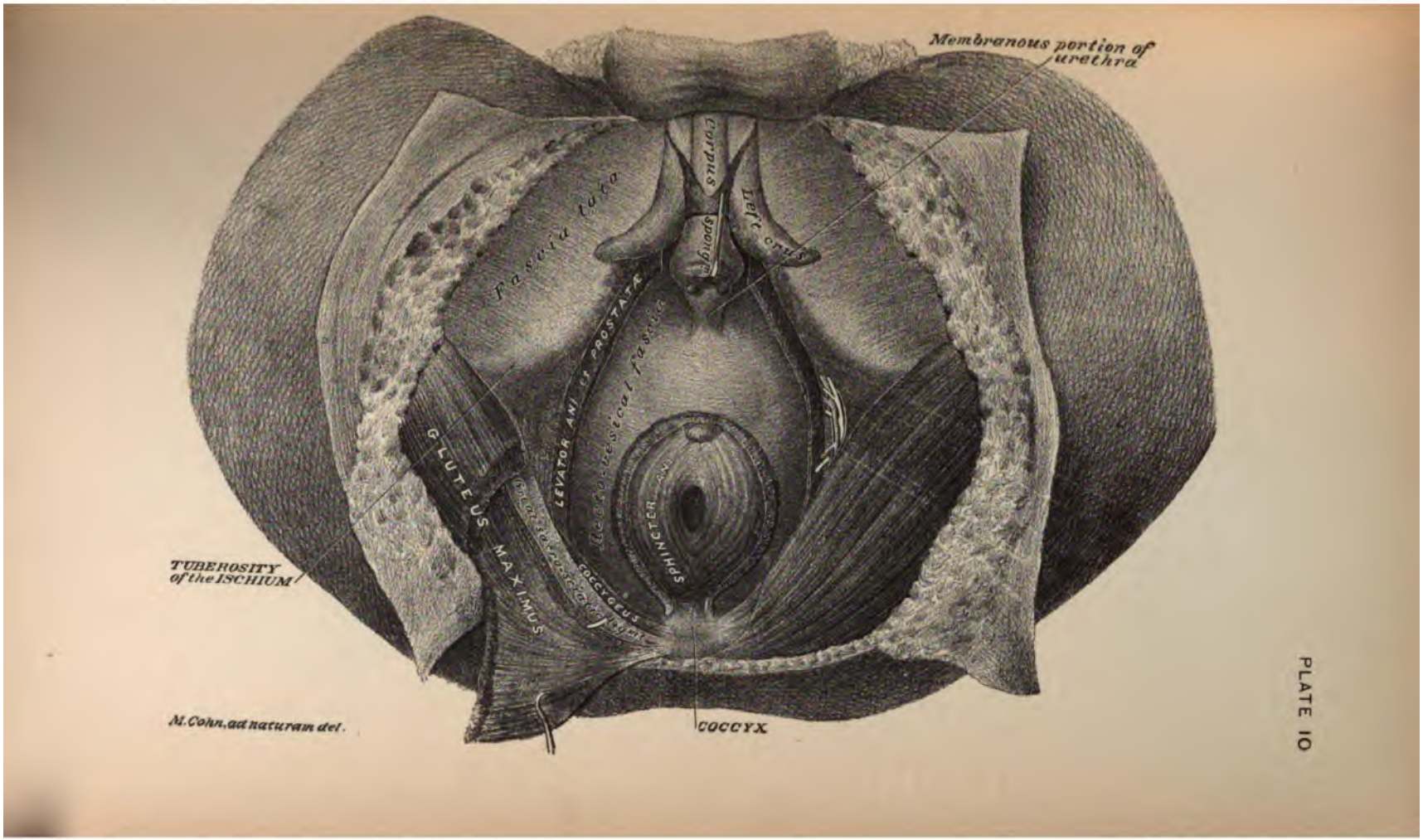

Membranous portion of urethra
Corpus spongiosum
Left crus
Fascia lata
LEVATOR ANI ET PROSTATA
Pelvic fascia
GLUTEUS MAXIMUS
SPHINCTER ANI
COCCYGEUS
TUBEROSITY of the ISCHIUM
COCCYX
M. Cohn, ad naturam del.

PLATE 10

[redacted]

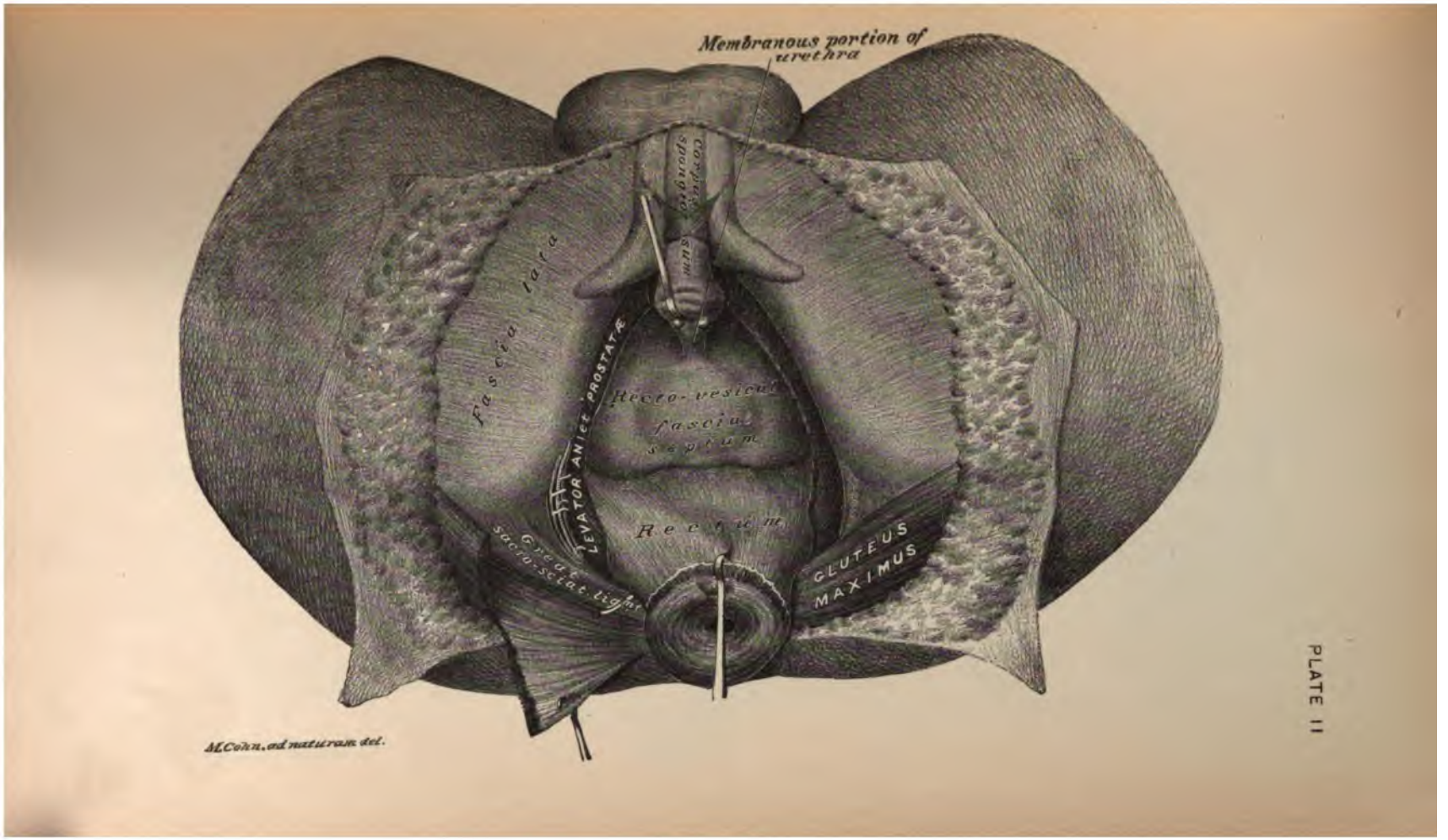

Membranous portion of urethra
Recto-vesical fascial septum
LEVATOR ANI et PROSTATÆ
GLUTEUS MAXIMUS
M.Cohn, ad naturam del.

PLATE II

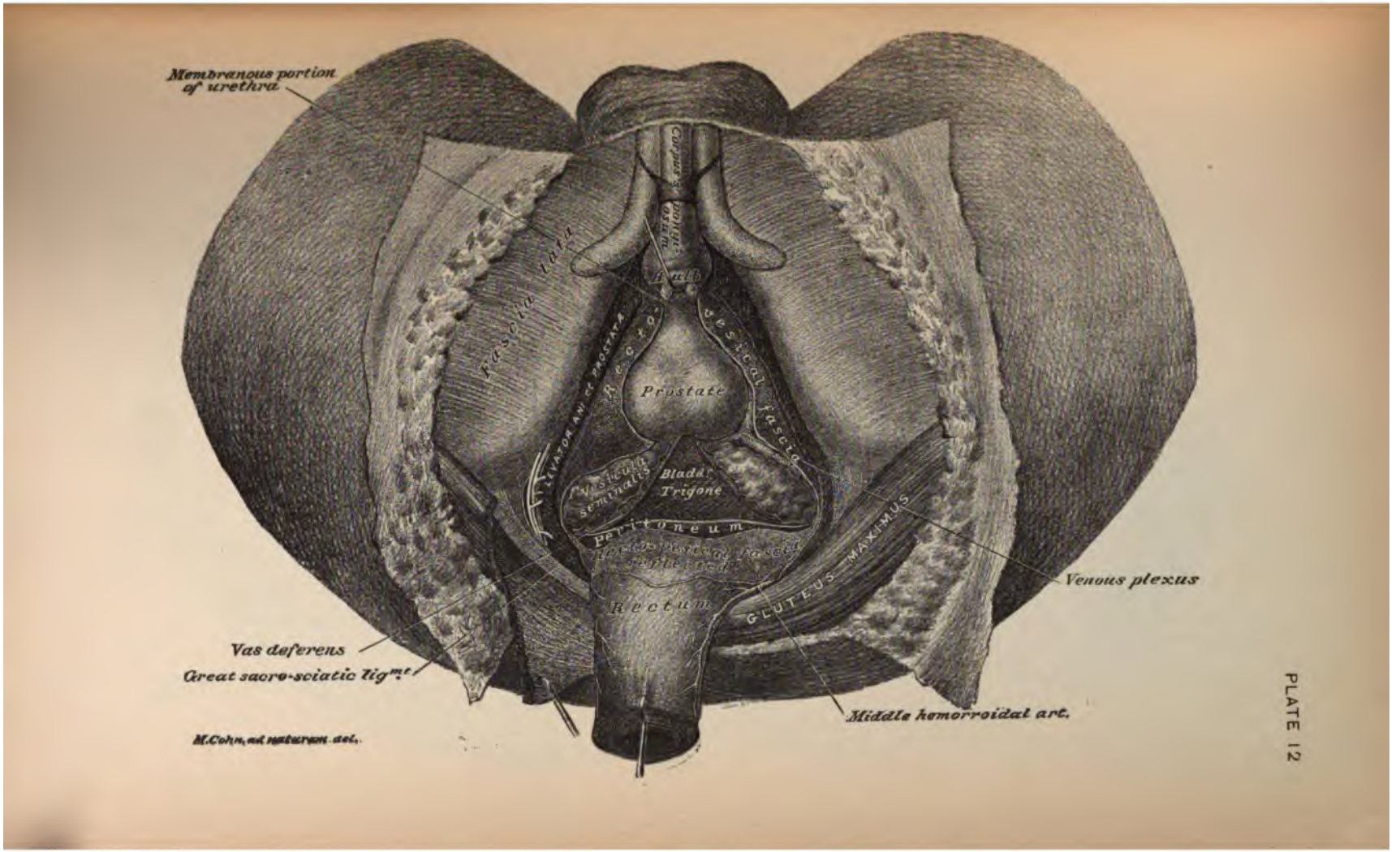

Membranous portion of urethra
Fascia lata
Corpus cavernosum
Bulb
Levator ani et prostata
Recto-vesical fascia
Prostate
Vesicula seminalis
Bladder Trigone
Peritoneum
Rectum
Gluteus maximus
Venous plexus
Vas deferens
Great sacro-sciatic ligt
Middle hemorroidal art.
M. Cohn, ad naturam del.

PLATE 12

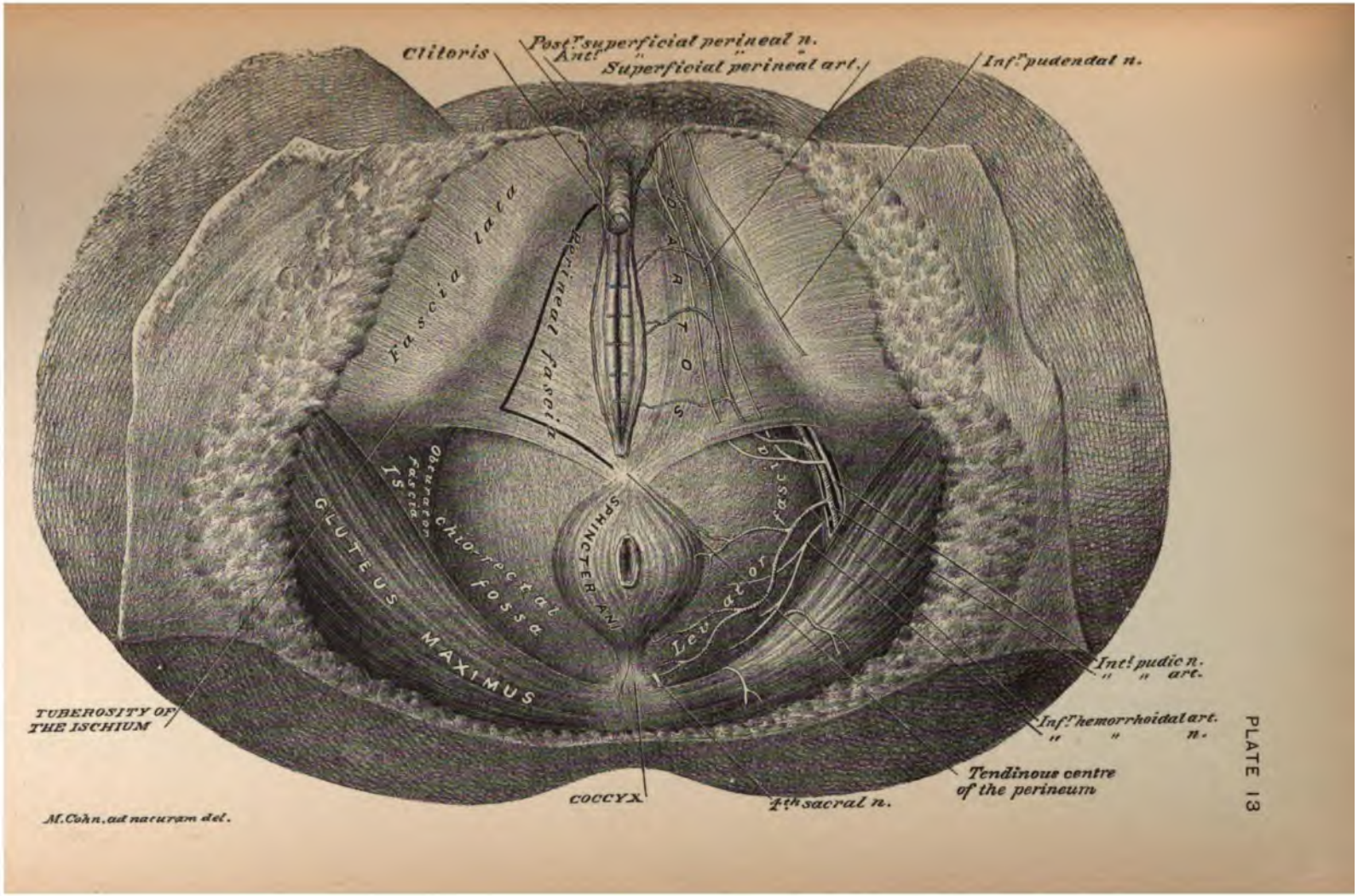

Clitoris
Post.r superficial perineal n.
Ant.r " "
Superficial perineal art.
Inf.r pudendal n.
Fascia lata
Perineal fascia
CORPUS CAVERNOSUM
Obturator fascia
Ischio-rectal fossa
GLUTEUS MAXIMUS
SPHINCTER ANI
Levator ani
Int.l pudic n.
" " art.
Inf.r hemorrhoidal art.
" " n.
Tendinous centre of the perineum
TUBEROSITY OF THE ISCHIUM
COCCYX
4th sacral n.
M. Cohn, ad naturam del.

PLATE 13

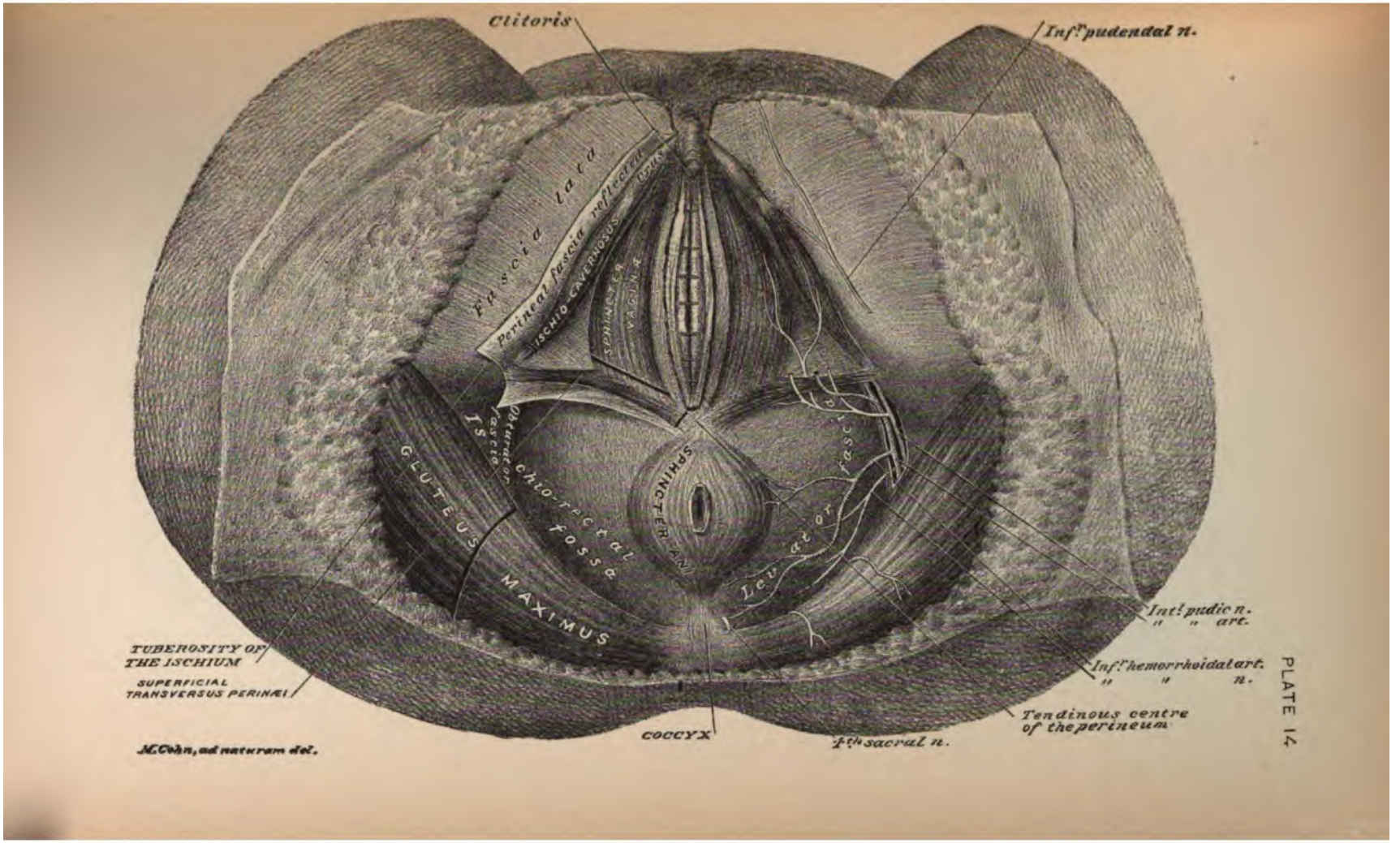
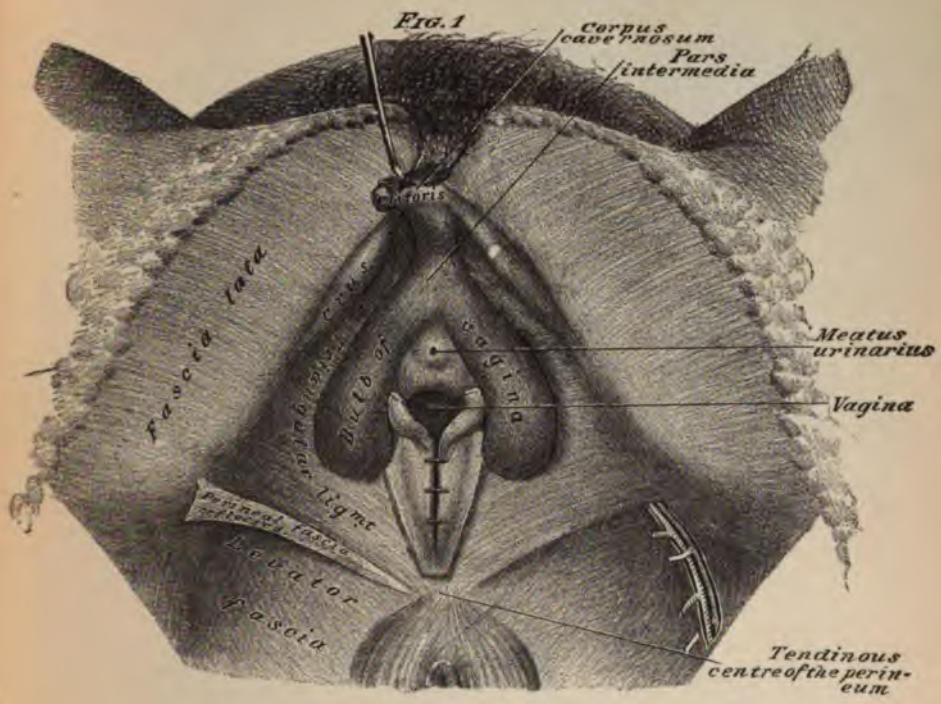
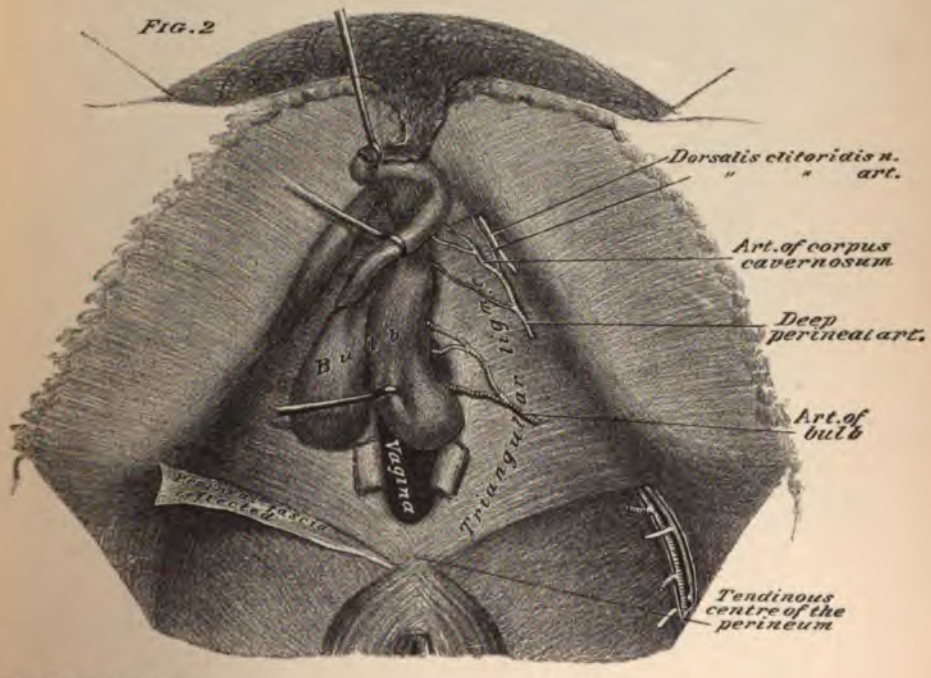

clitoris
Inf.r pudendal n.
Fascia lata
Perineal fascia reflected
ISCHIO-CAVERNOSUS
SPHINCTER VAGINÆ
Obturator fascia
Ischio-rectal fossa
GLUTEUS MAXIMUS
SPHINCTER ANI
Levator ani
Int.l pudic n. " " art.
Inf.r hemorrhoidal art. " " n.
Tendinous centre of the perineum
TUBEROSITY OF THE ISCHIUM
SUPERFICIAL TRANSVERSUS PERINÆI
COCCYX
4th sacral n.
M.Cohn, ad naturam del.

PLATE 14.

PLATE 15





M. Cohn, ad naturam del.

FIG. 1

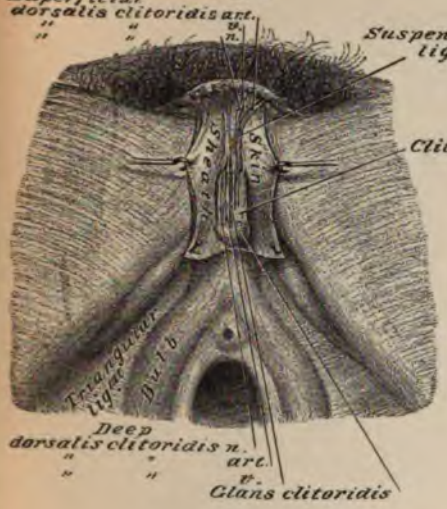


FIG. 2

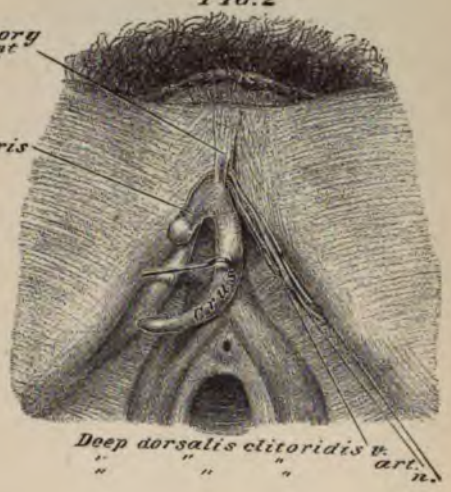
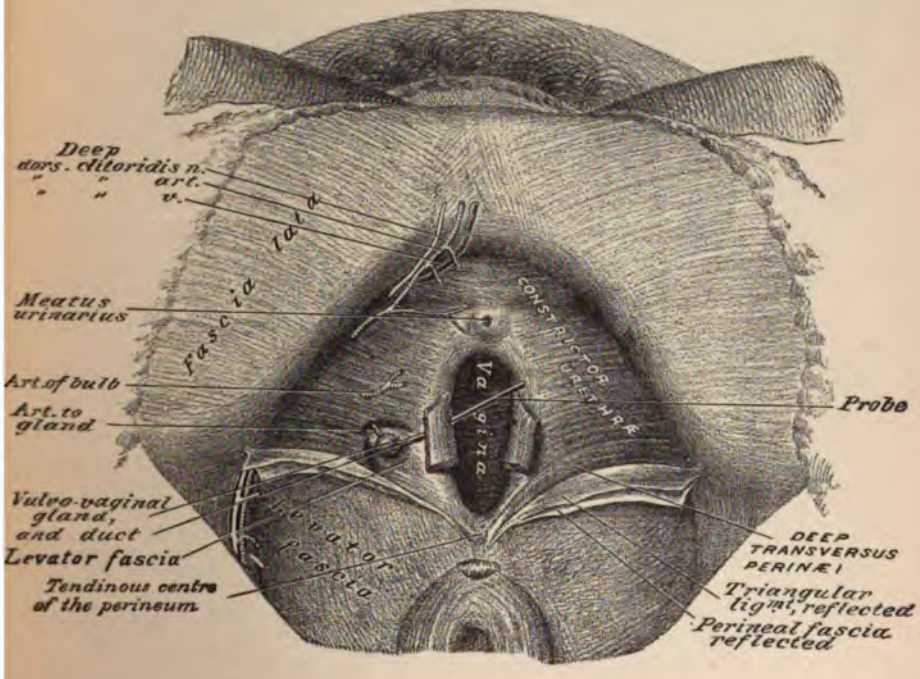


FIG. 3



M. Cohn, ad naturam. del.

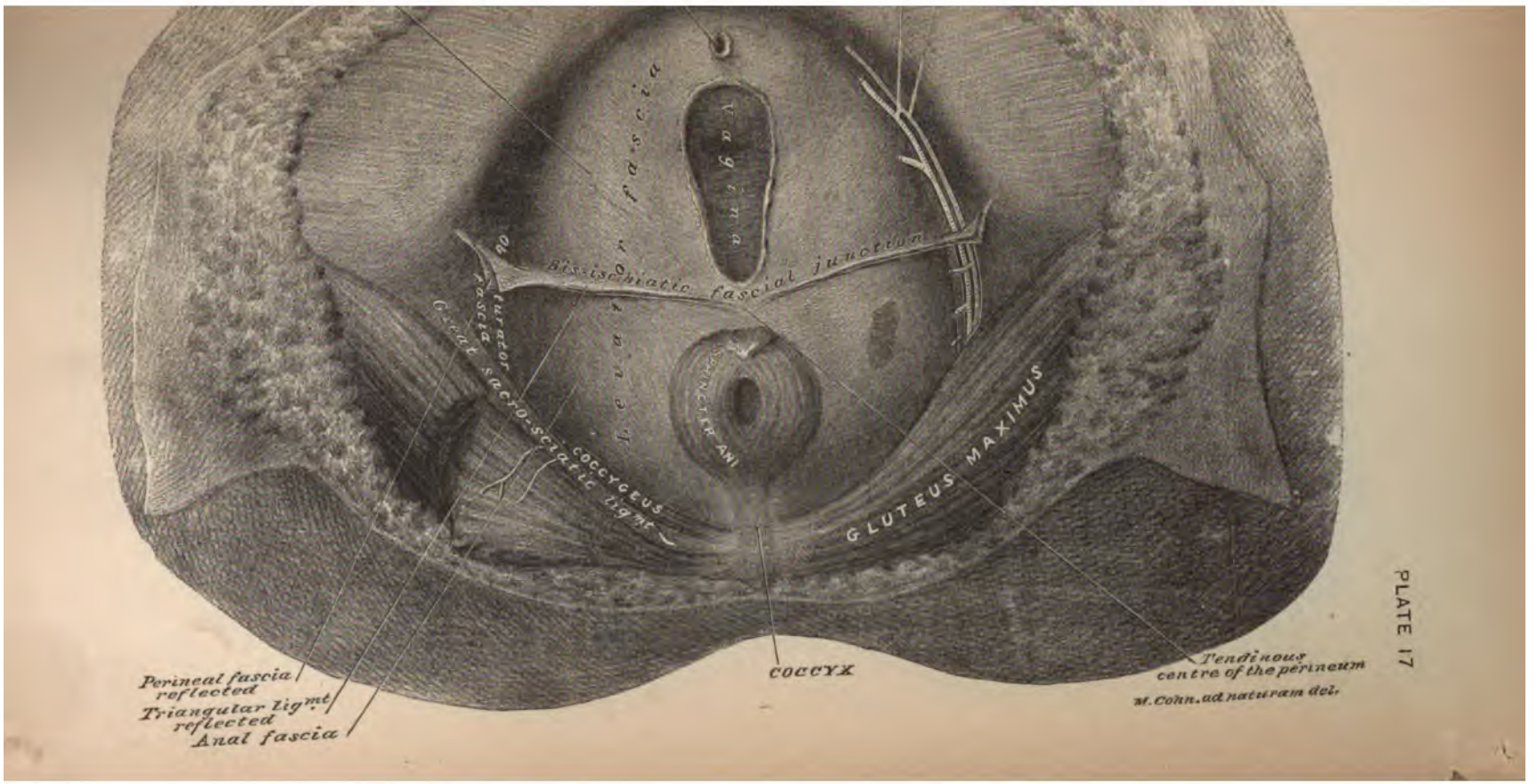

Anal fascia
Bis-ischiatic fascial junction
Obturator fascia
Great sacro-sciatic ligmt
COCCYGEUS
SPHINCTER ANI
GLUTEUS MAXIMUS
Perineal fascia reflected
Triangular ligmt reflected
Anal fascia
COCCYX
Tendinous centre of the perineum
M. Cohn. ad naturam del.

PLATE 17

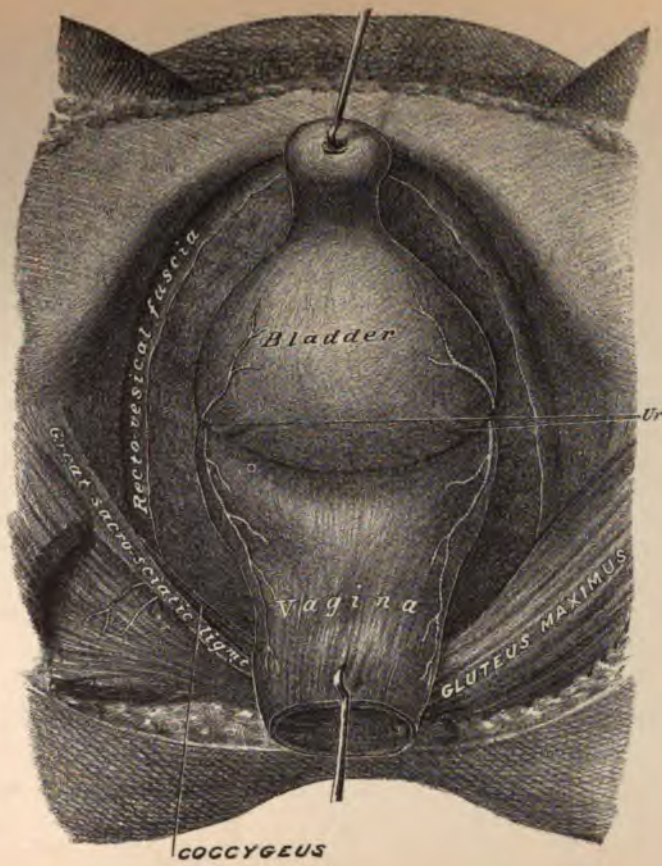
PLATE 18

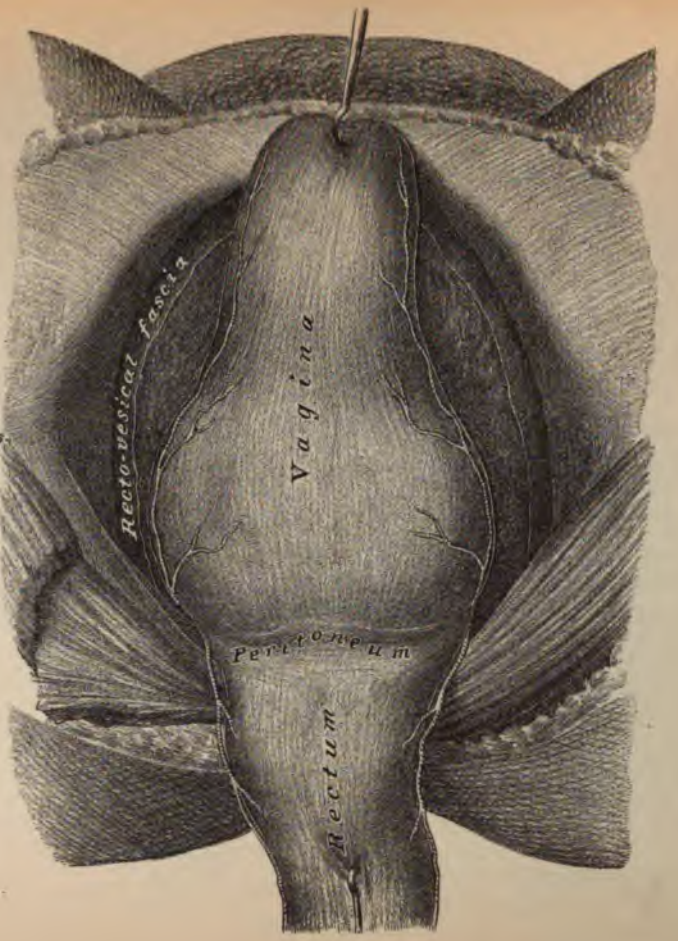
GLUTEUS MAXIMUS
COCCYX
Vagina
SPHINCTER ANI
VAGINÆ
of
LEVATOR ANI
COCCYGEUS
Great sacro-sciatic ligt
Obturator fascia

[redacted]

PLATE 19

M.C.Cox, ad naturem del.





M. Cohn, ad naturam del.

PLATE 20

FIG. 1

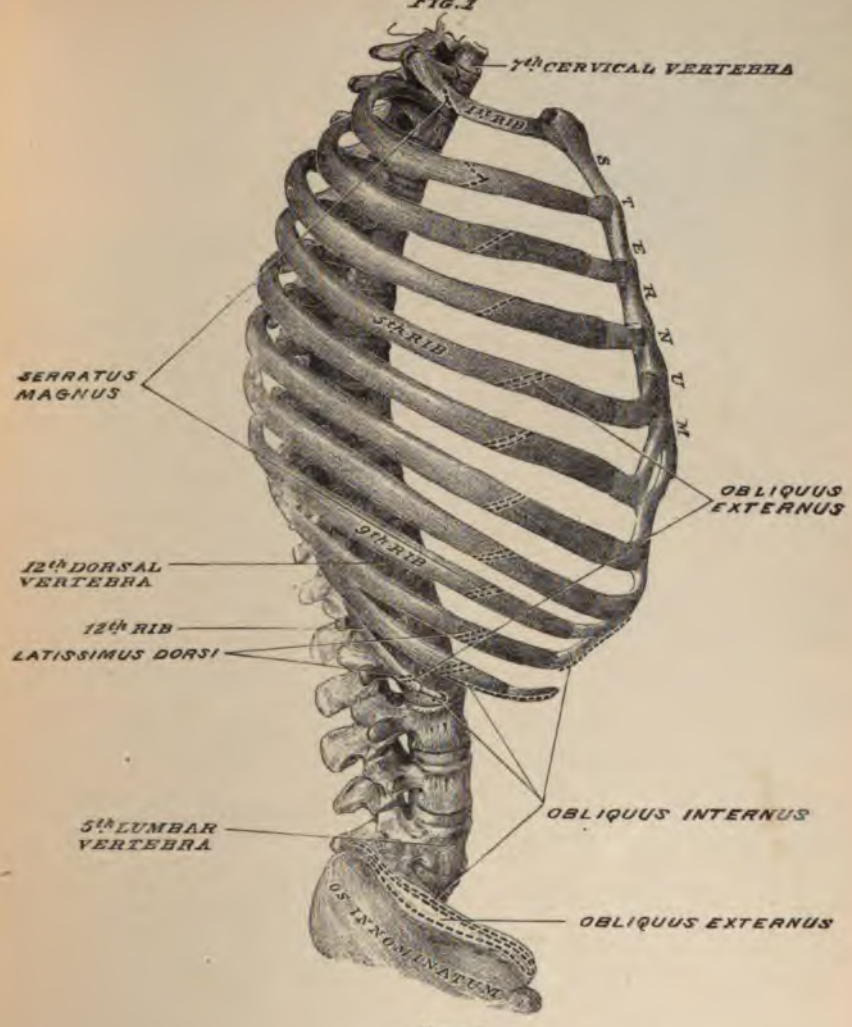
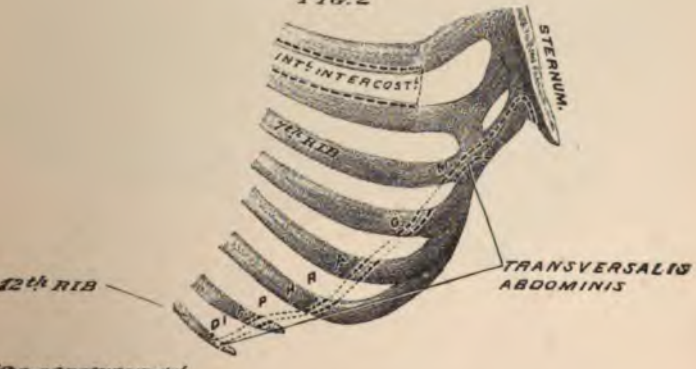


FIG. 2



W. Cohn, ad naturam del.

FIG. 1

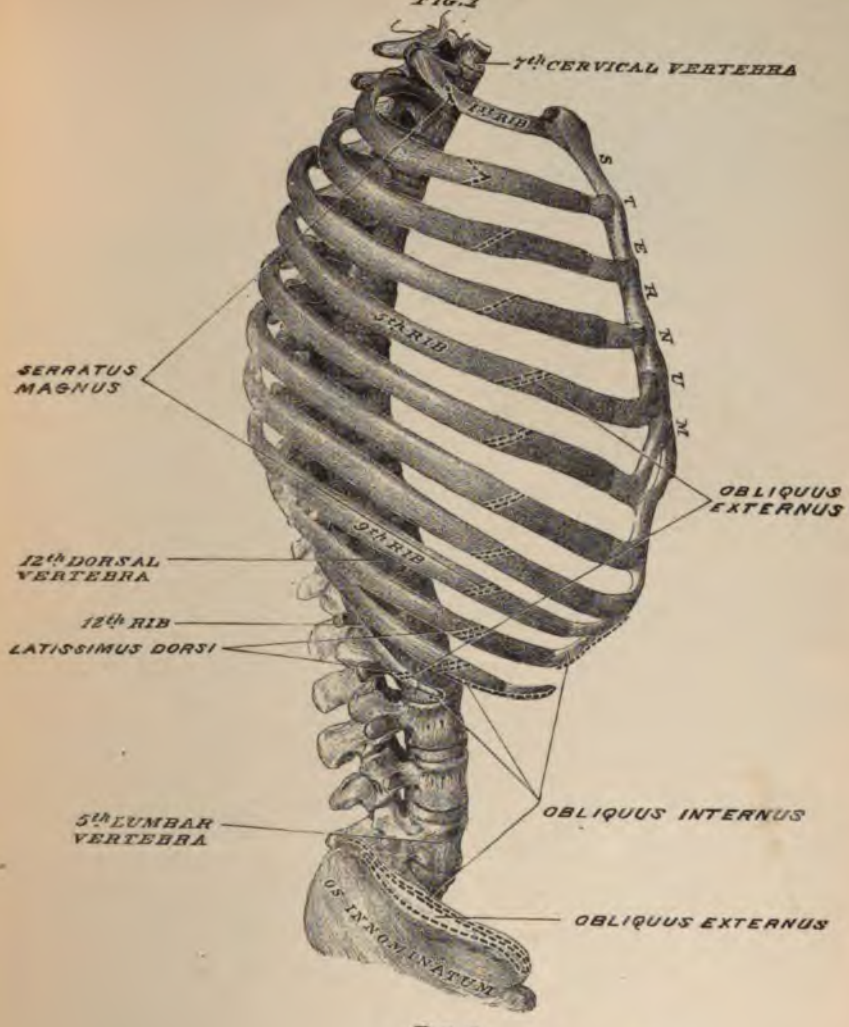
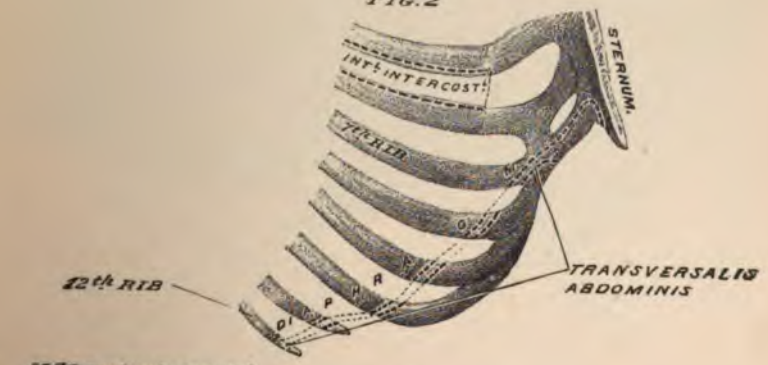


FIG. 2



M. Cohn, ad naturam del.

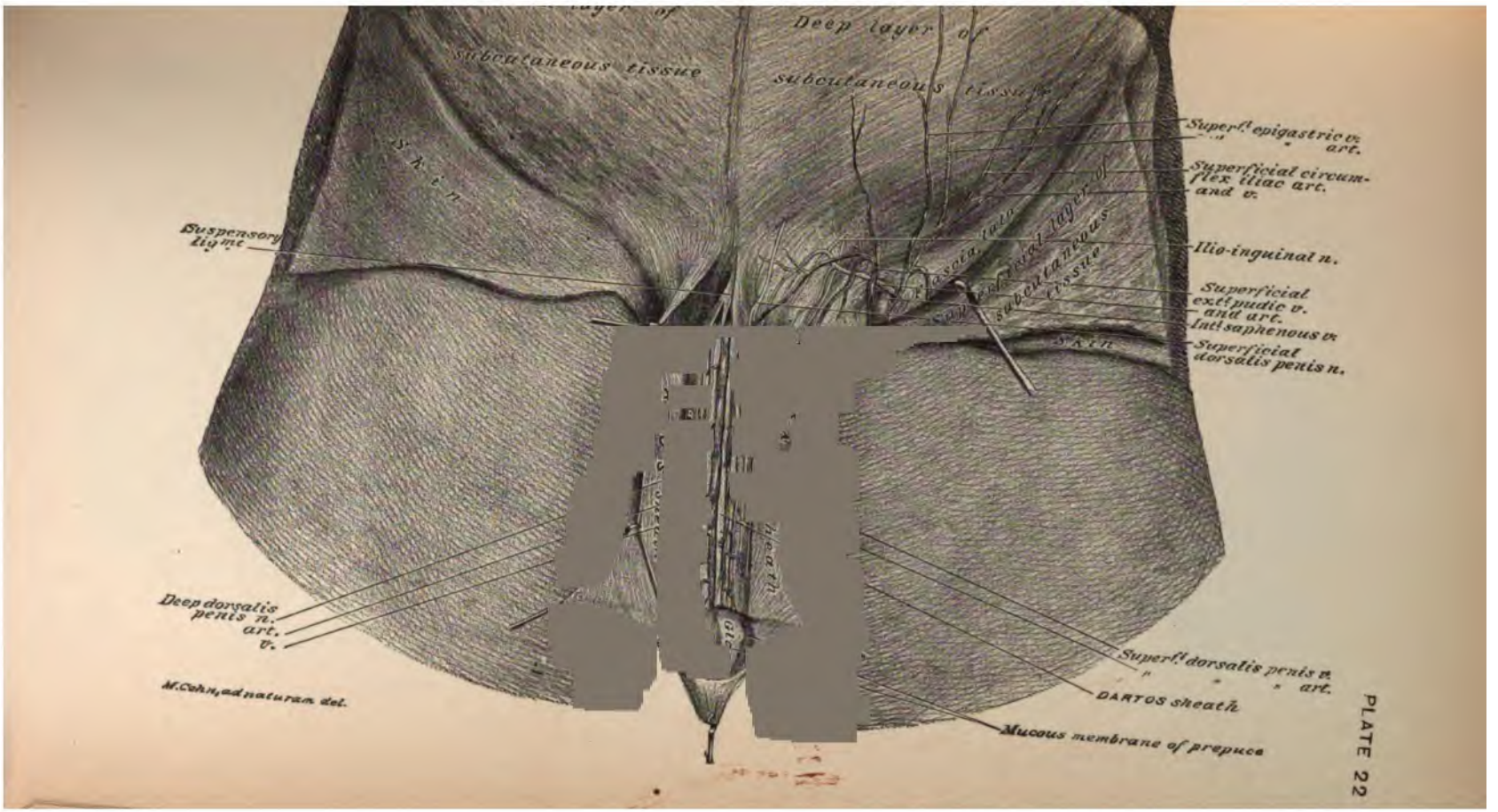

Deep layer of subcutaneous tissue
Superf.l epigastric v. art.
Superficial circumflex iliac art. and v.
Ilio-inguinal n.
Superficial ext.l pudic v. and art.
Int.l saphenous v.
Superficial dorsalis penis n.
Suspensory lig.t
Deep dorsalis penis n. art. v.
Superf.l dorsalis penis n. art.
DARTOS sheath
Mucous membrane of prepuce
M.Cohn, ad naturam del.
PLATE 22

PLATE 23

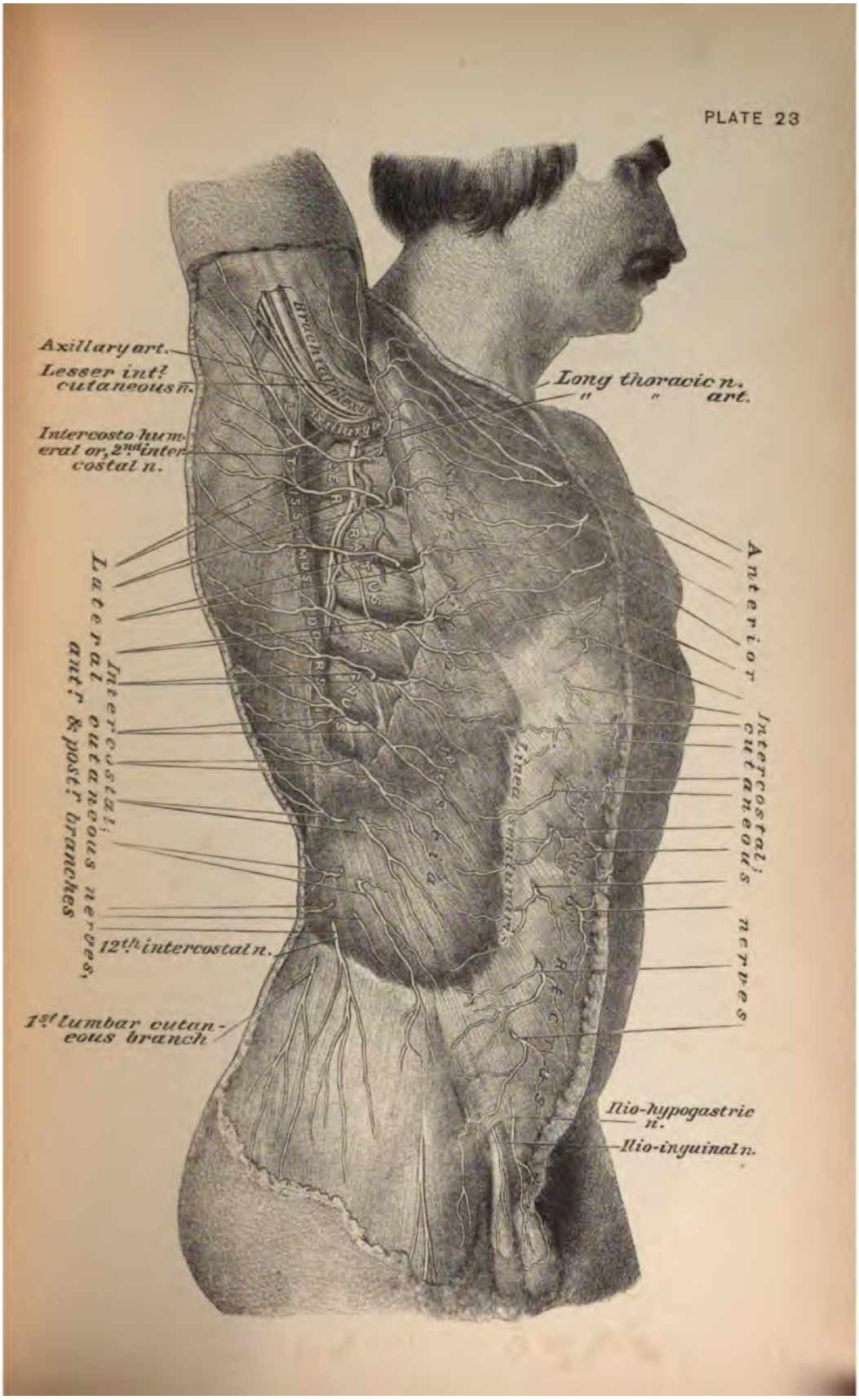
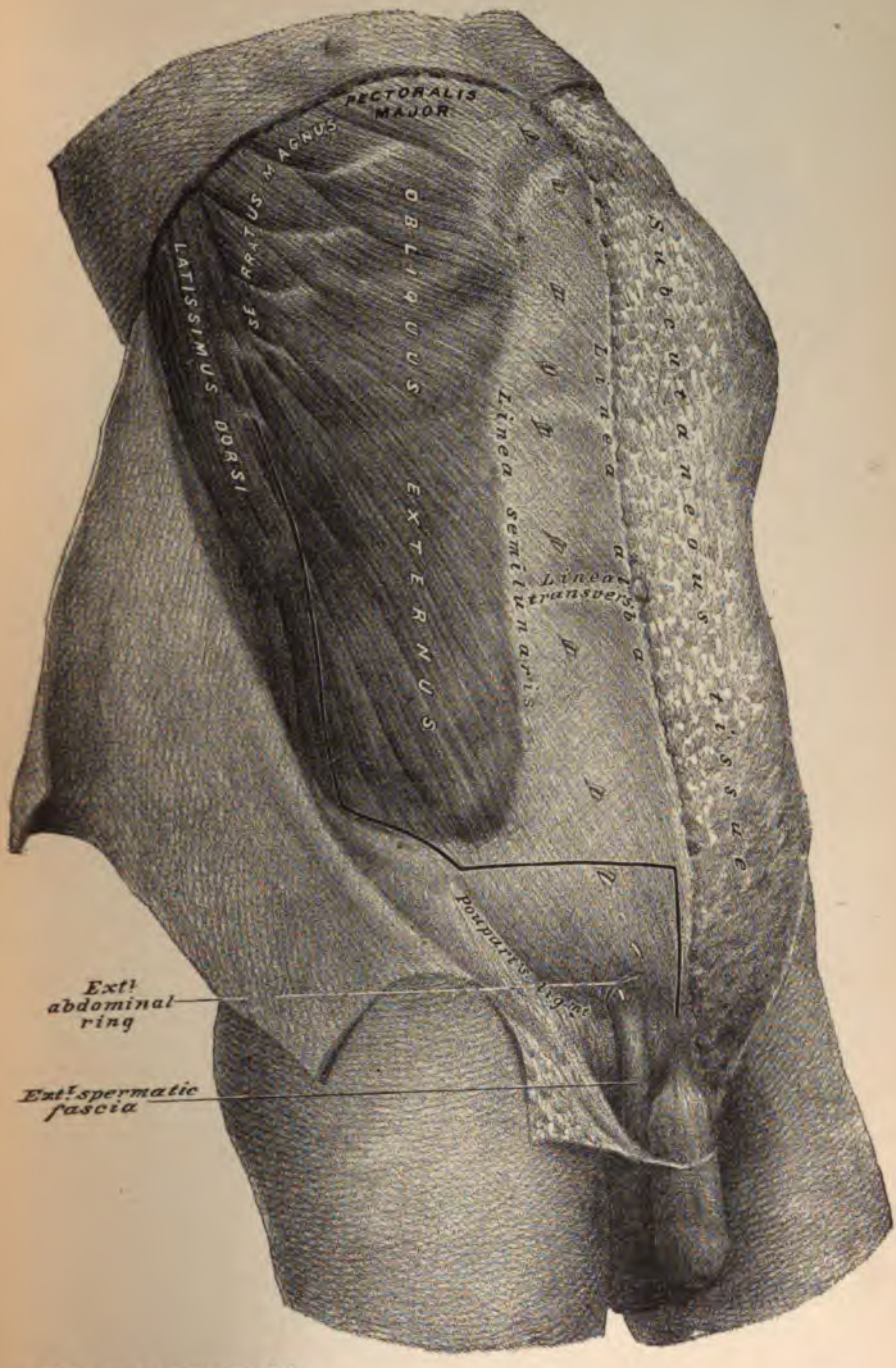
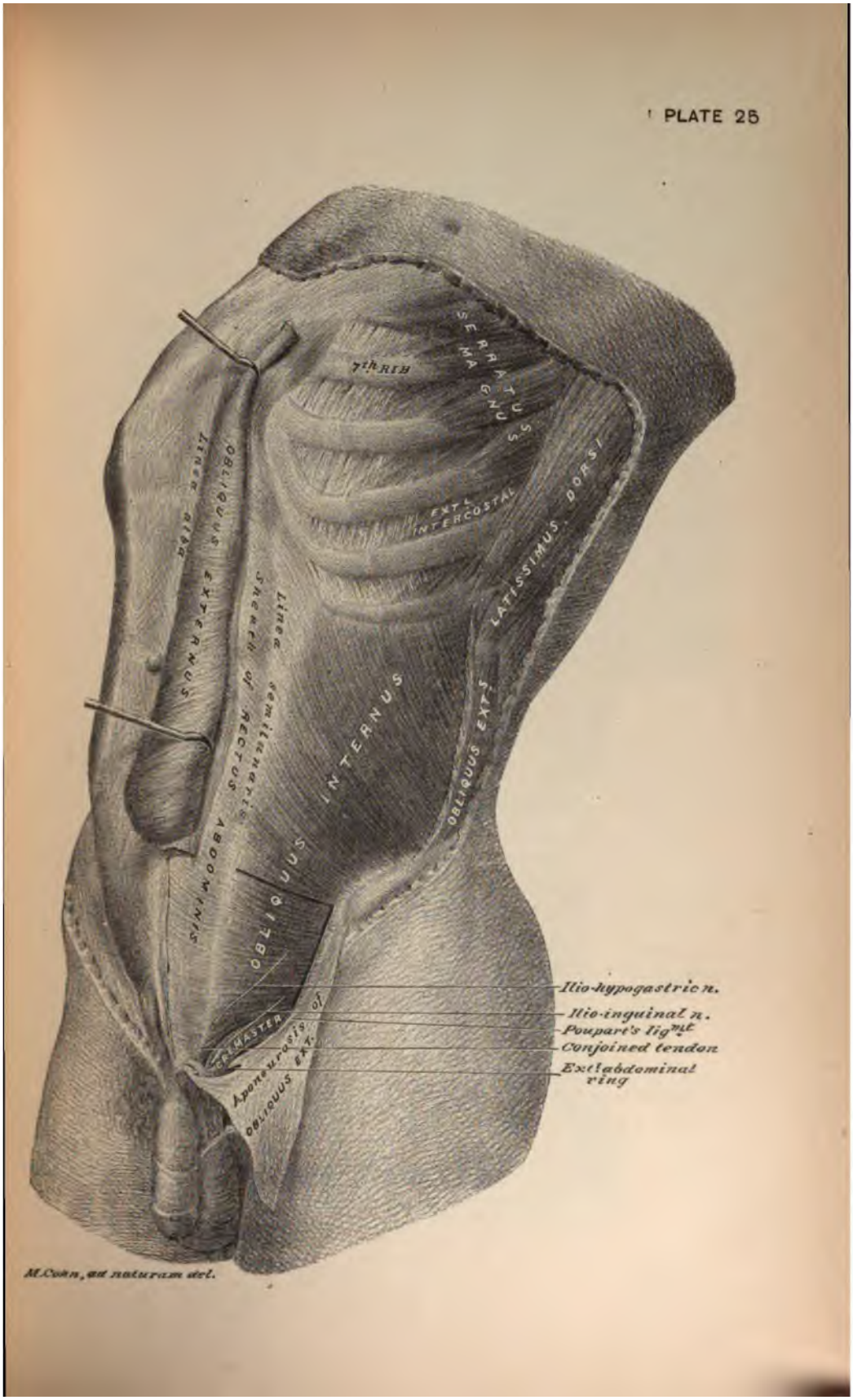

Axillary art.
Lesser int! cutaneous n.
Intercosto-humeral or, 2nd intercostal n.
Lateral cutaneous nerves, ant.r & post.r branches
Intercostali
12th intercostal n.
1st lumbar cutaneous branch
Long thoracic n.
" " art.
Anterior Intercostali cutaneous nerves
Linea semilunaris
Ilio-hypogastric n.
Ilio-inguinal n.

PLATE 24



M. Cohn, ad naturam del.



M. Cohn, ad naturam del.

[redacted]

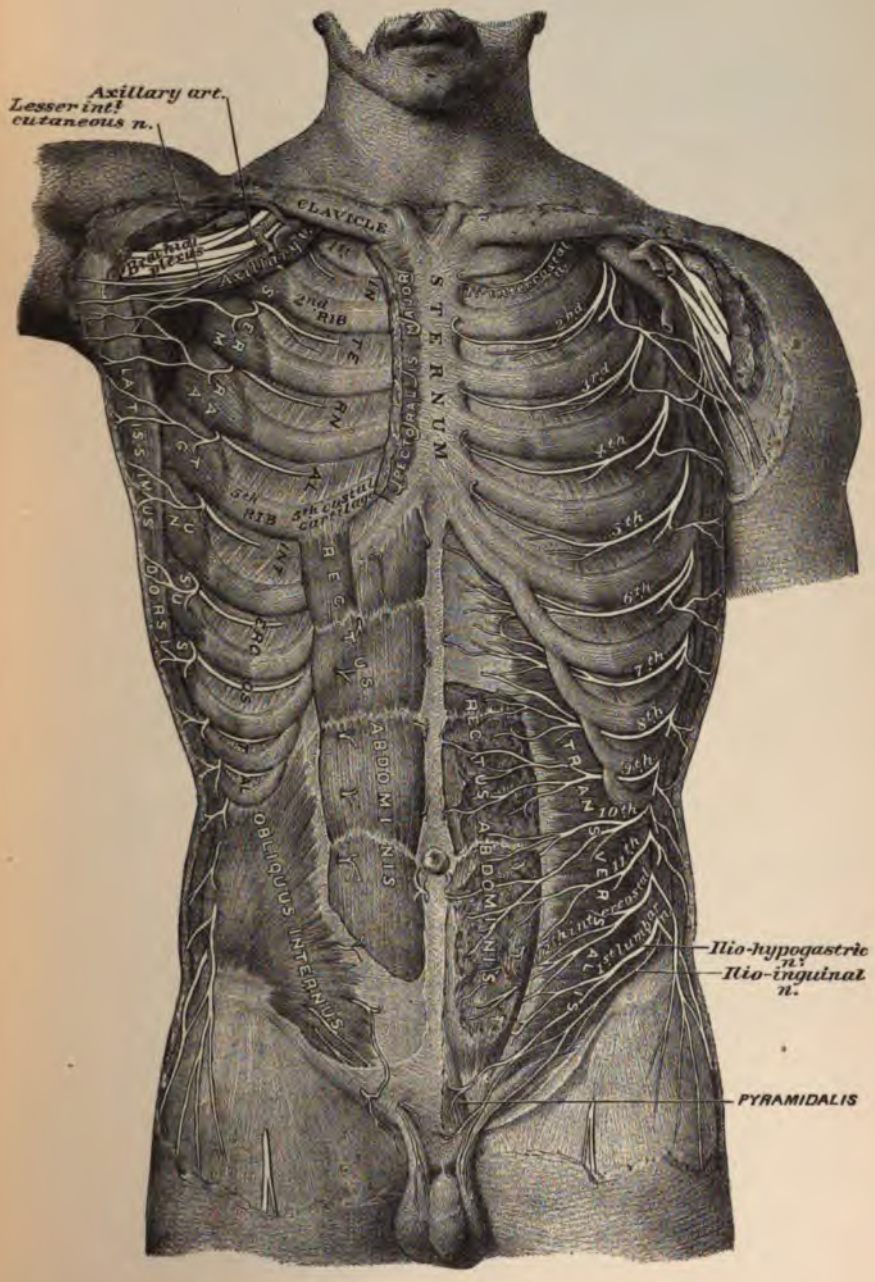

Axillary art.
Lesser int! cutaneous n.
CLAVICLE
Brachial plexus
Axillary v.
2nd RIB
5th RIB
3th costal cartilage
STERNUM
PECTORALIS MAJOR
SERRATUS MAGNUS
LATISSIMUS DORSI
EXT. OBLIQUUS ABDOMINIS
RECTUS ABDOMINIS
TRANSVERSALIS
OBLIQUUS INTERNUS
Intercostal n.
Subcostal n.
1st lumbar n.
Ilio-hypogastric n.
Ilio-inguinal n.
PYRAMIDALIS

PLATE 27

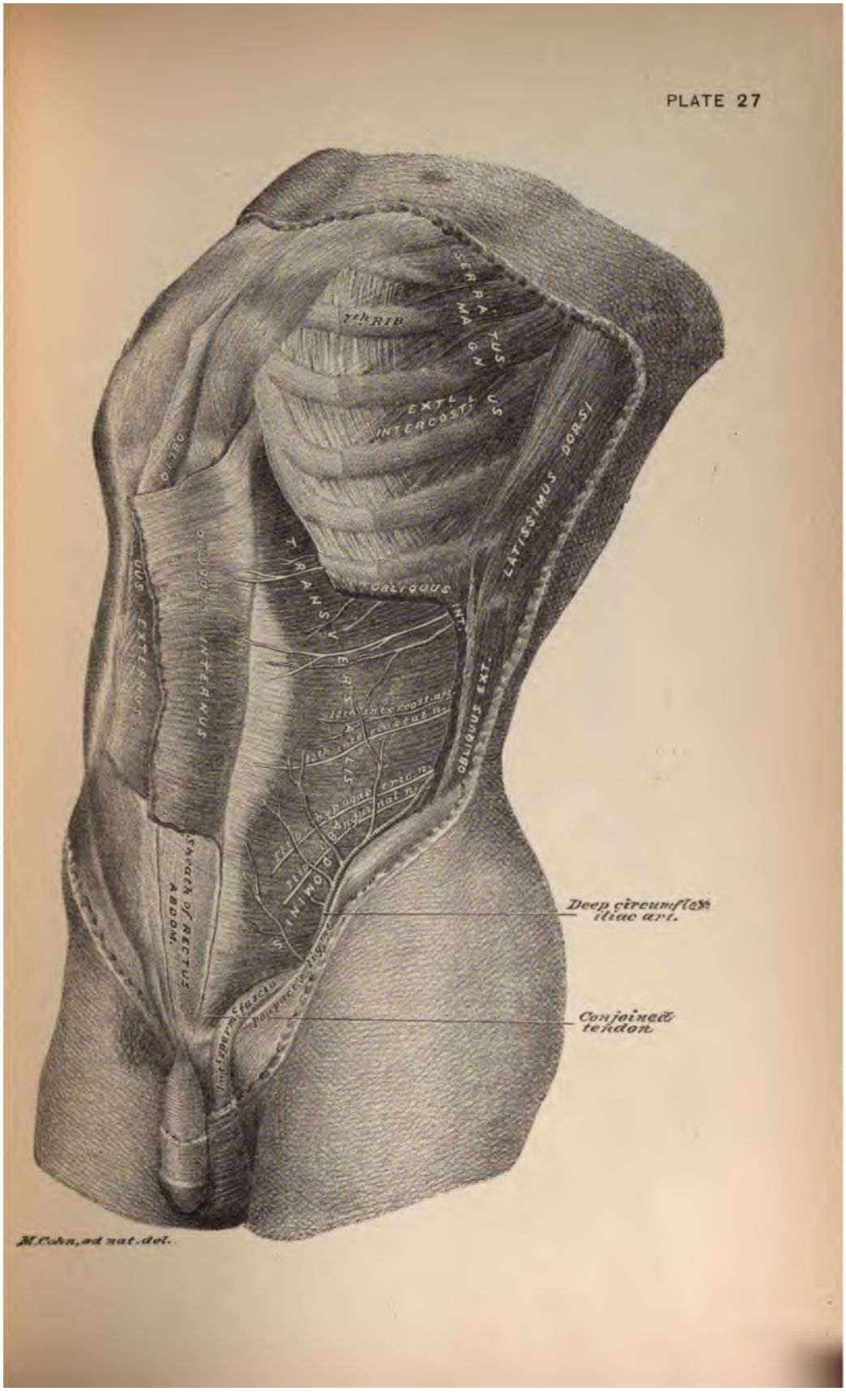

7th RIB
SERRATUS MAGNUS
EXTL INTERCOSTL S
OBLIQUUS EXT.
LATISSIMUS DORSI
TRANSVERSALIS
OBLIQUUS INT.
INTERCOSTALIS EXTERNUS
RECTUS ABDOMINIS
SHEATH OF RECTUS ABDOM.
Deep circumflex iliac art.
Conjoined tendon
M. Cohn, ad nat. del.

PLATE 28

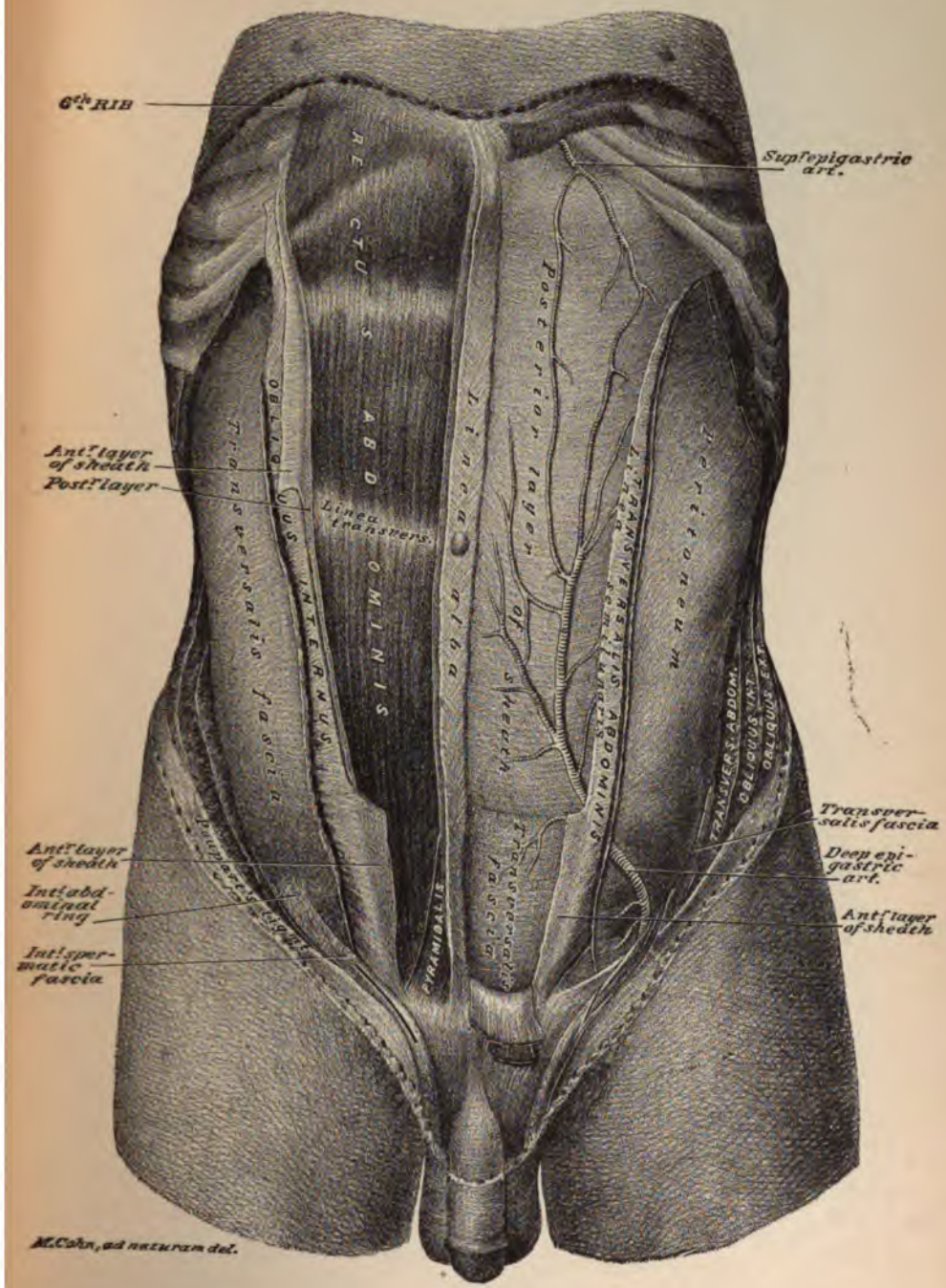

6th RIB
Sup! epigastric art.
RECTUS ABDOMINIS
Post! layer of sheath
Linea transvers.
Ant! layer of sheath
Post! layer
Transversalis fascia
Linea alba
Ant! layer of sheath
Int! abdominal ring
Int! spermatic fascia
PYRAMIDALIS
Transversalis fascia
Deep epigastric art.
Ant! layer of sheath
M.Cahn, ad naturam del.

PLATE 29.

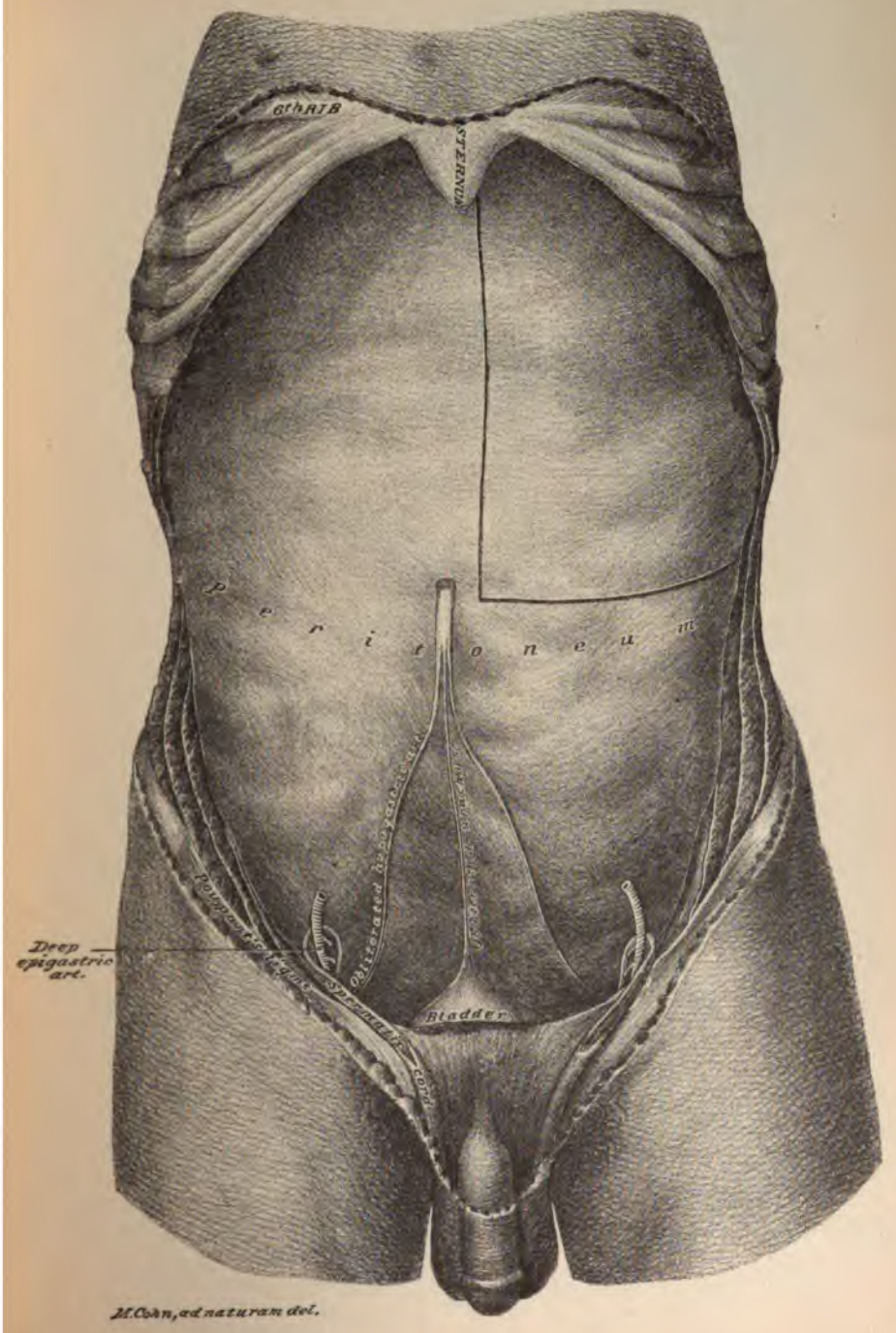
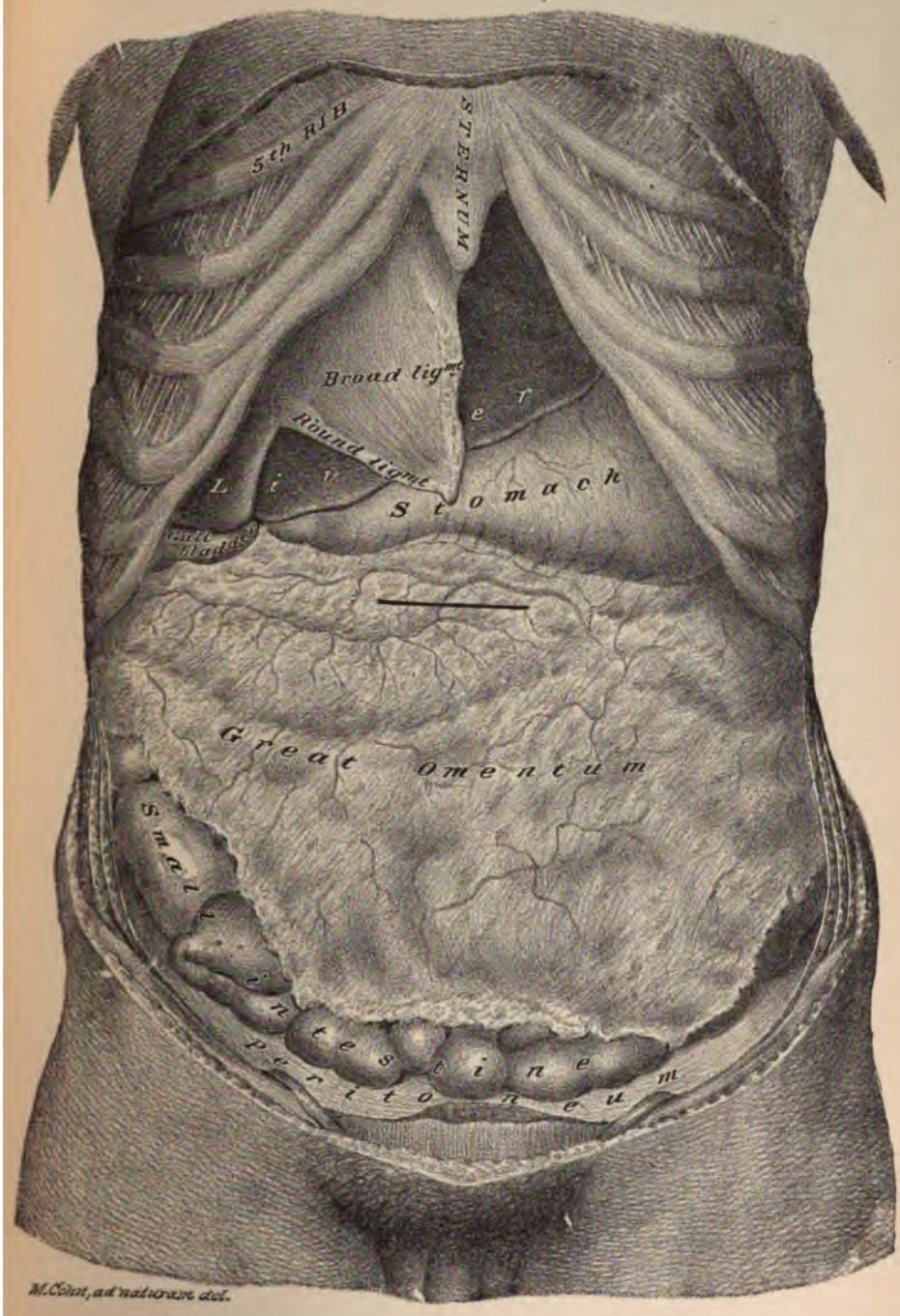

6th RIB
STERNUM
Peritoneum
Obliterated hypogastric a.
Deep epigastric art.
Bladder
M. Cohn, ad naturam del.

PLATE 30


5th RIB
STERNUM
Broad ligt
Round ligt
Liver
Stomach
Great Omentum
Small intestine
peritoneum
M. Colon, ad naturam del.

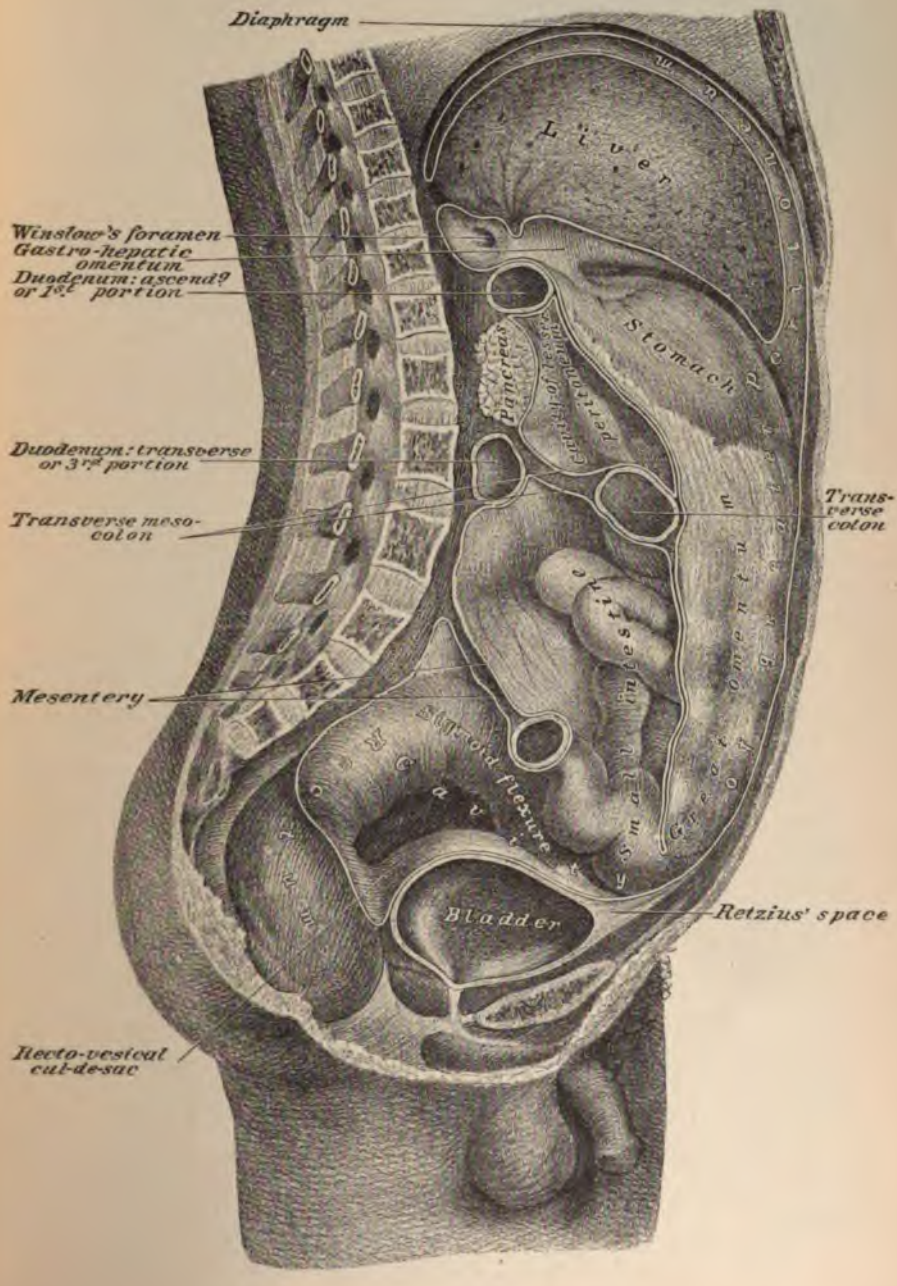

Diaphragm
Liver
Gastro-hepatic omentum
Stomach
Pancreas
Duodenum
Transverse meso-colon
Transverse colon
Mesentery
Sigmoid flexure
Bladder
Retzius' space
Recto-vesical cul-de-sac

PLATE 32

M.Cohn, ad naturam del.

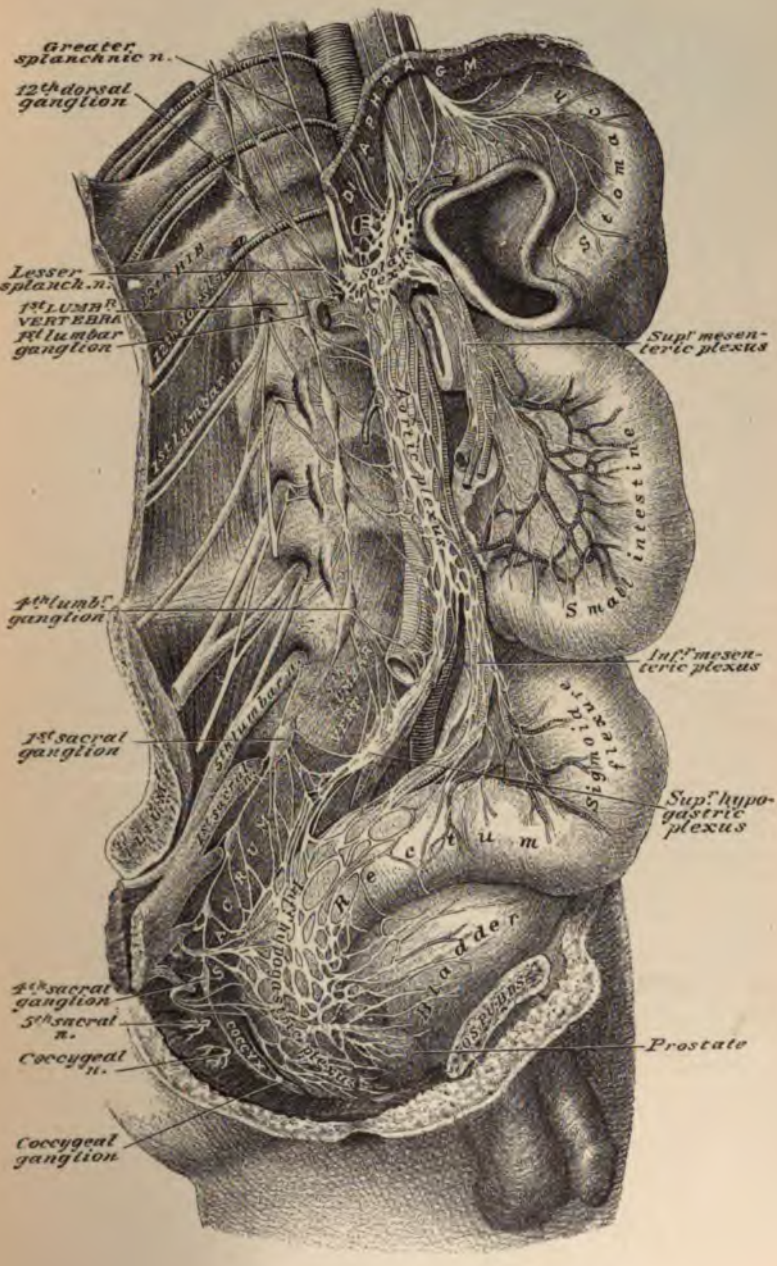
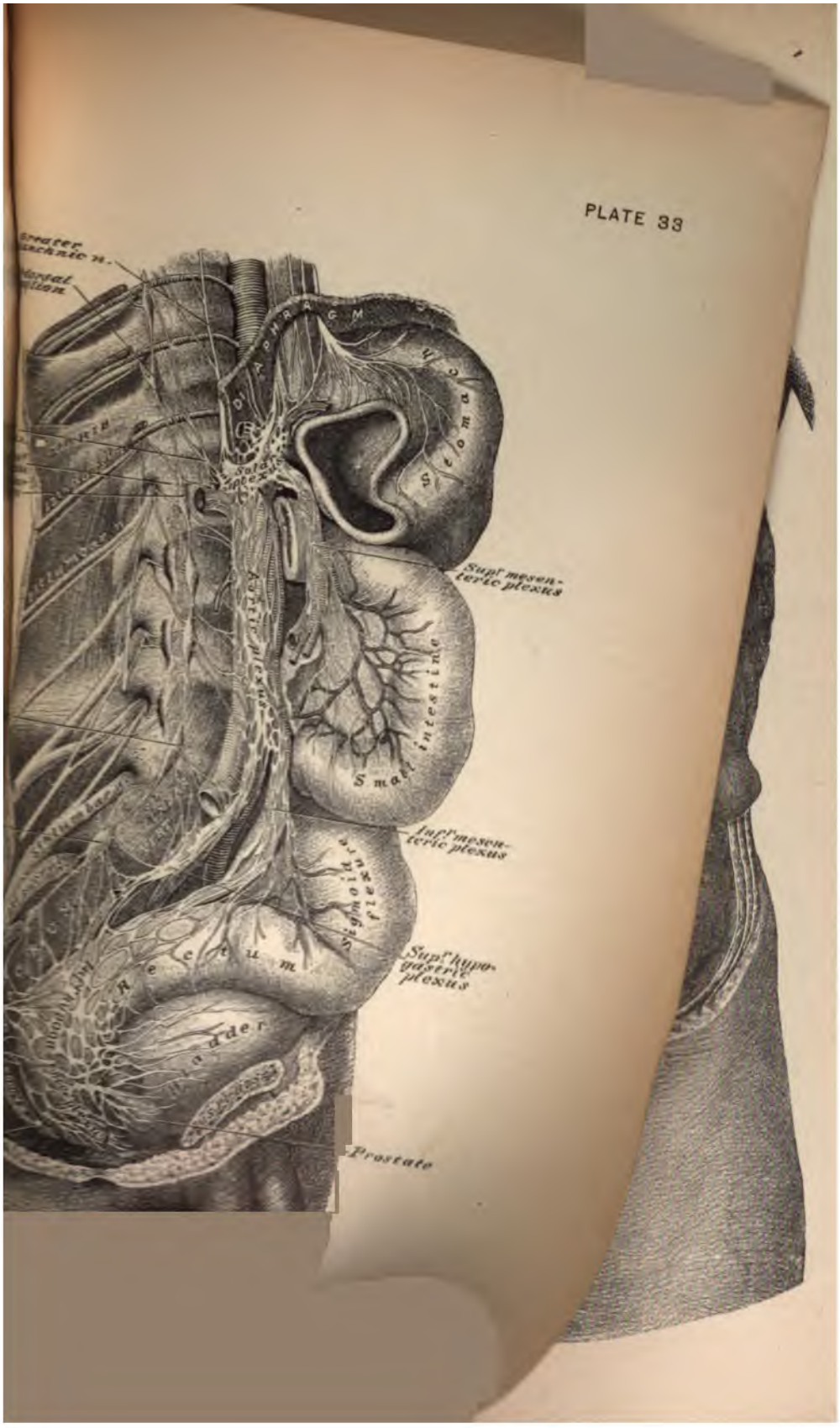
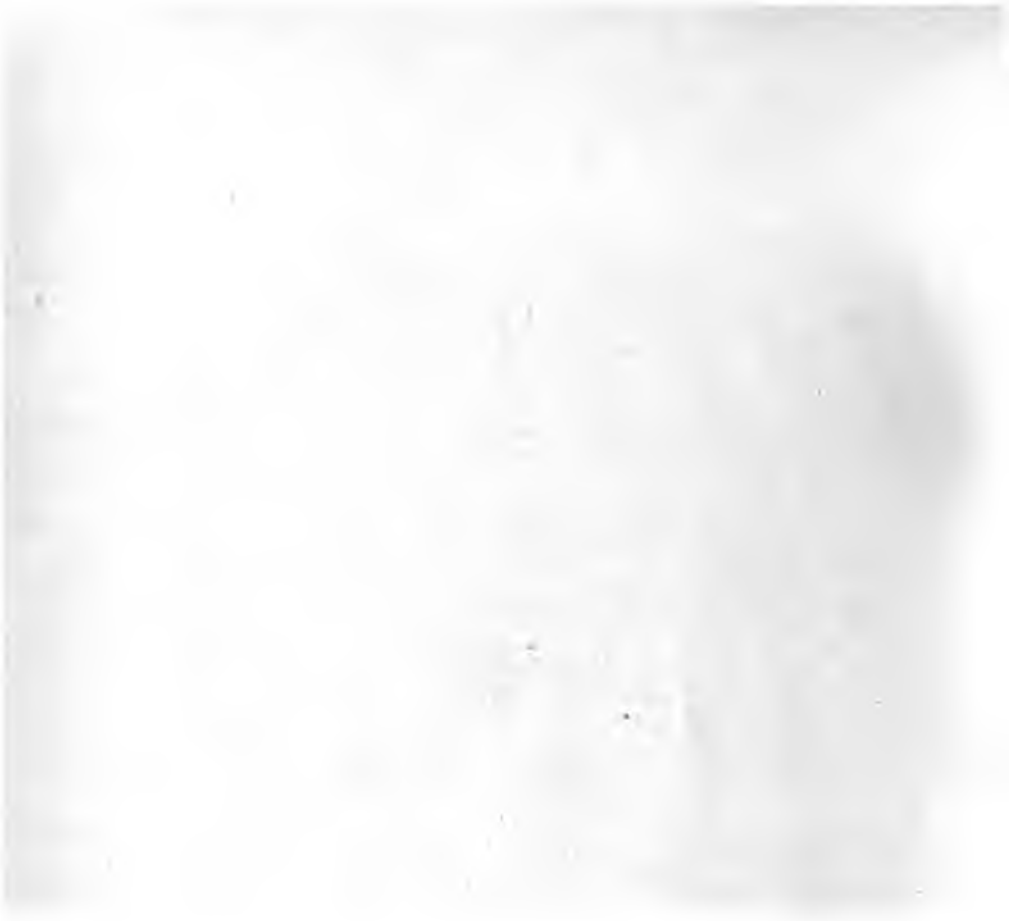
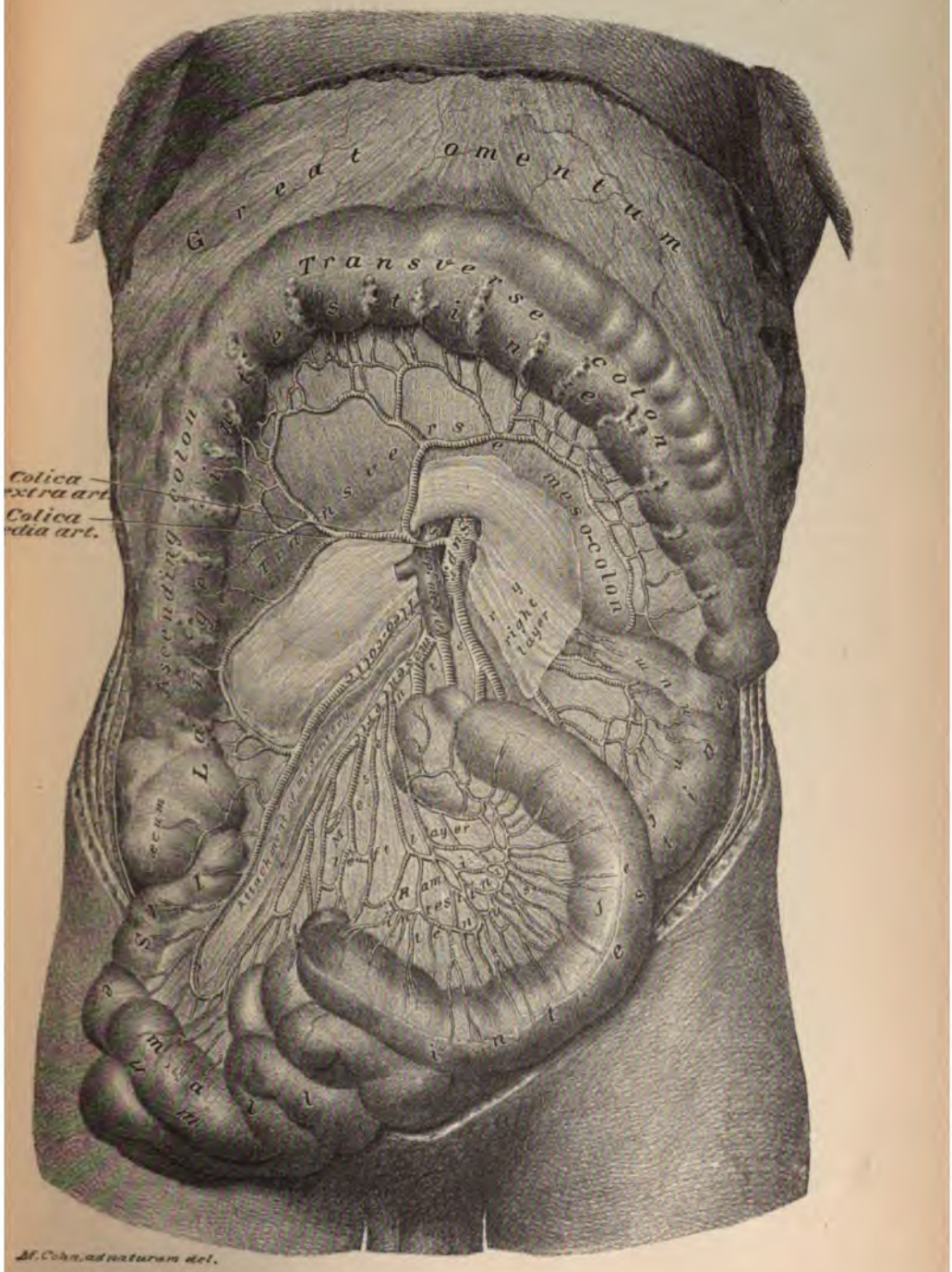

Greater splanchnic n.
12th dorsal ganglion
DIAPHRAGM
Stomach
Lesser splanch. n.
1st LUMBR VERTEBRA
1st lumbar ganglion
Solar plexus
Aortic plexus
Supr mesenteric plexus
Small intestine
4th lumbr ganglion
Inf.r mesenteric plexus
1st sacral ganglion
Sigmoid flexure
Sup.r hypogastric plexus
Rectum
Bladder
4th sacral ganglion
5th sacral n.
Coccygeal n.
Prostate
Coccygeal ganglion

PLATE 33


Greater
Diaphragm
Stomach
Supr mesenteric plexus
Small intestine
Inf mesenteric plexus
Sup hypogastric plexus
Rectum
Bladder
Prostate





M. Cohn, ad naturam del.

PLATE 35

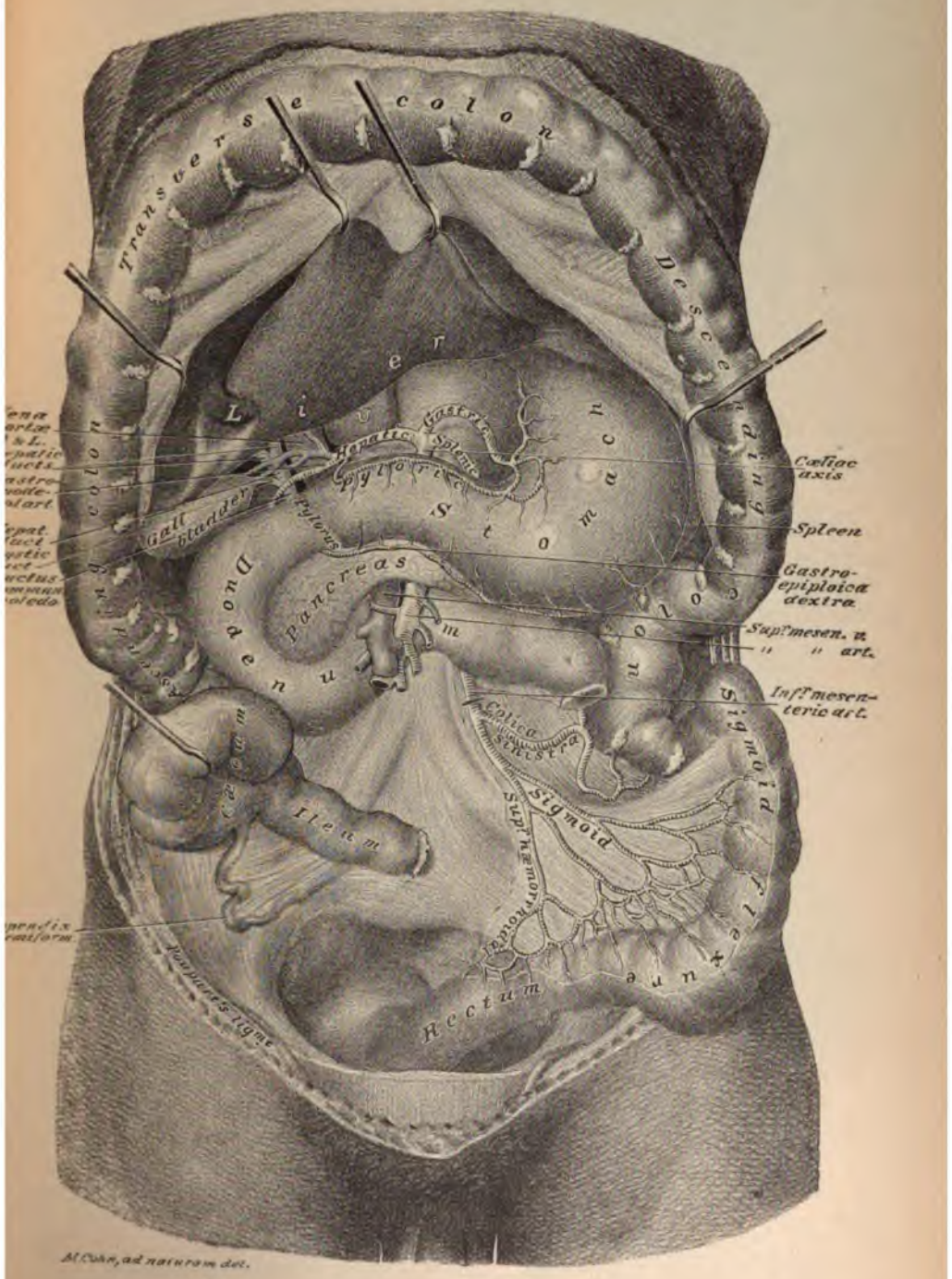
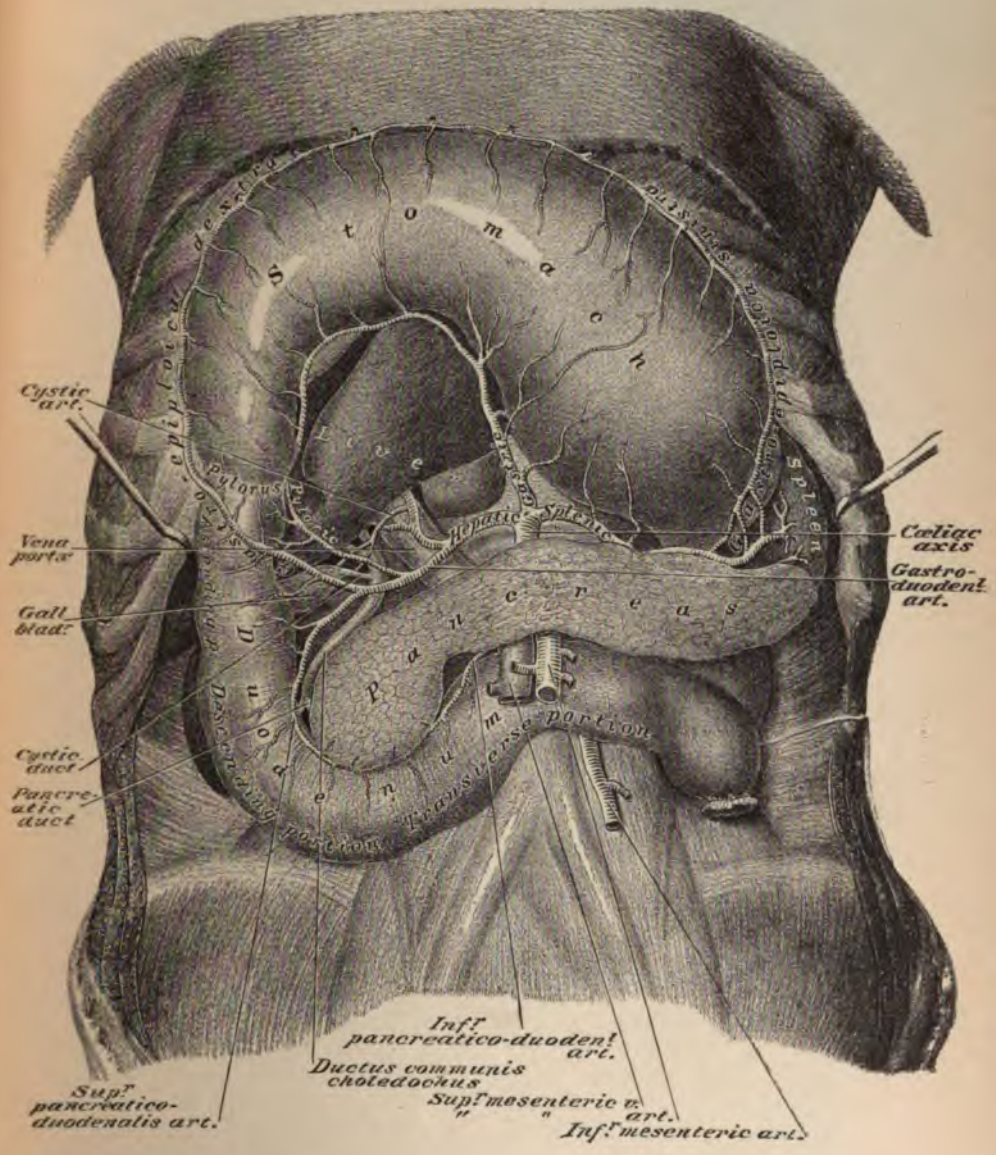

Transverse colon
Descending colon
Liver
Gastric
Splenic
Pylorus
Stomach
Gall bladder
Pylorus
Duodenum
Pancreas
Jejunum
Ileum
Cæcum
Appendix vermiformis
Sigmoid flexure
Sup.ll hæmorrhoidal
Rectum
Ureters
Cœliac axis
Spleen
Gastro-epiploica dextra
Sup.r mesen. v.
" " art.
Inf.r mesenteric art.
Colica sinistra
Sigmoid
A. Cohr, ad naturam del.

PLATE 36



M. Cohn, ad naturam del.

FIG. 1

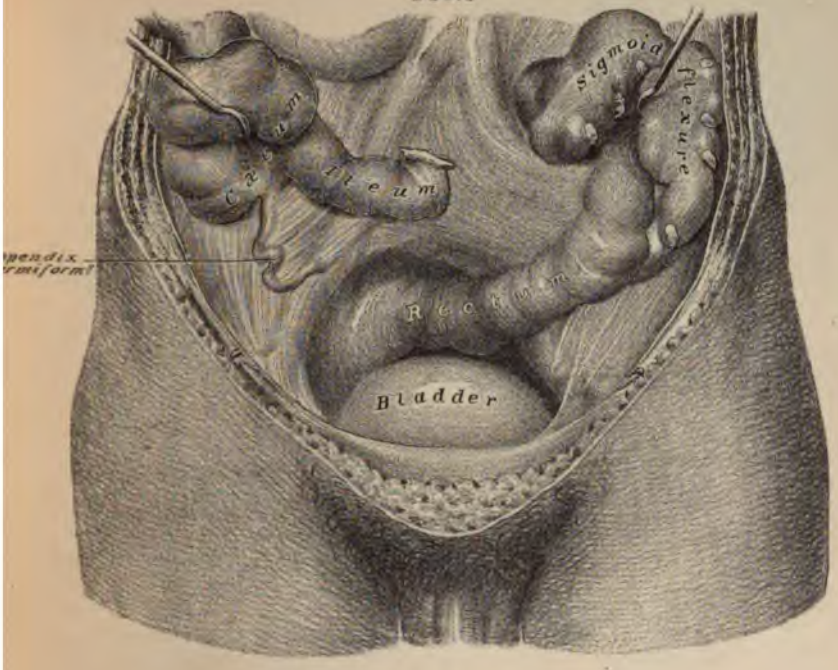
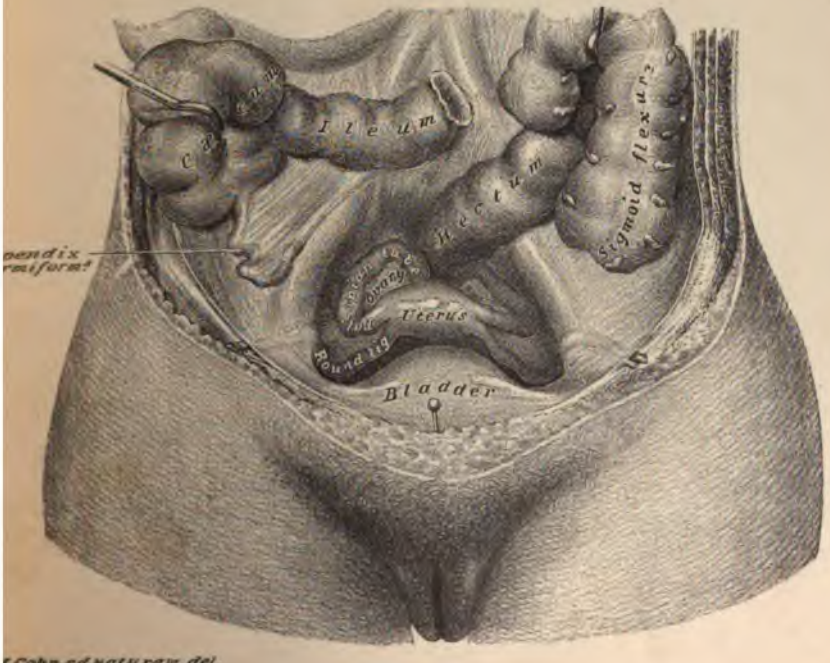
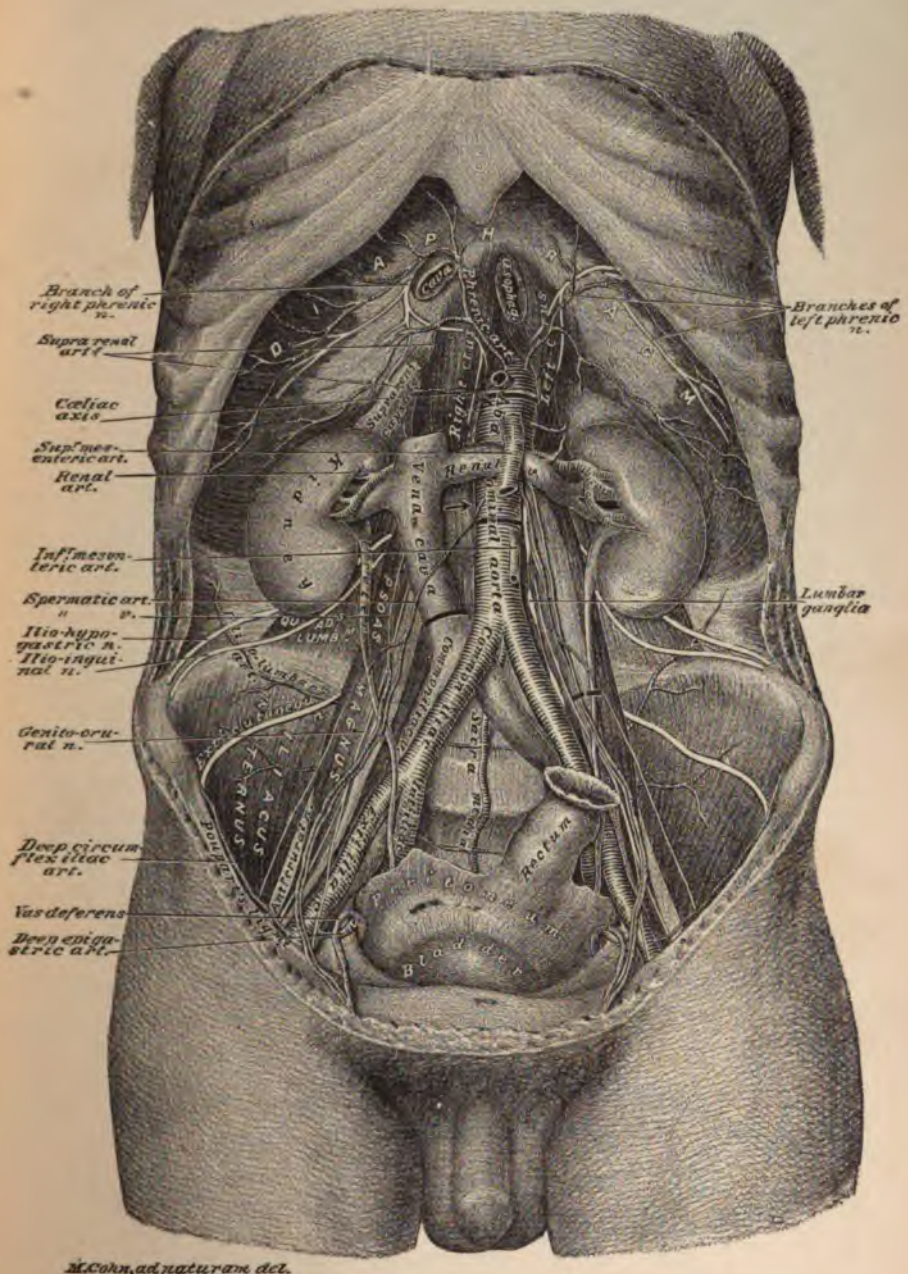


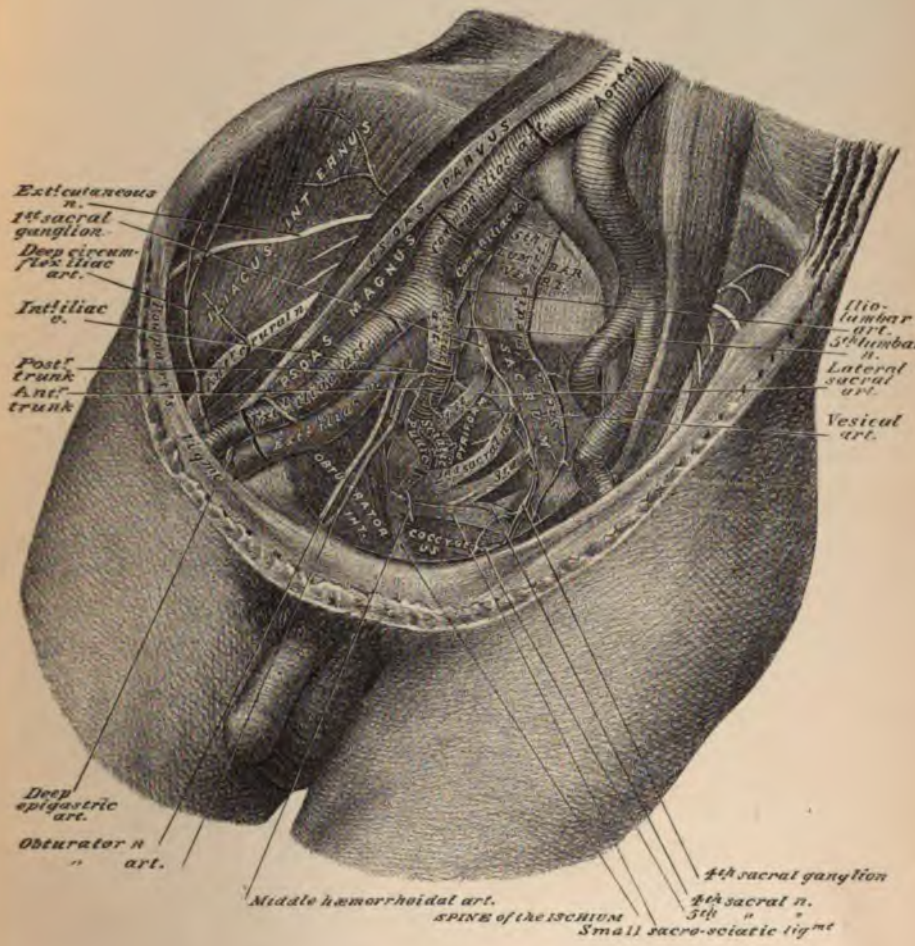
FIG. 2



f. Cohn, ad naturam del.

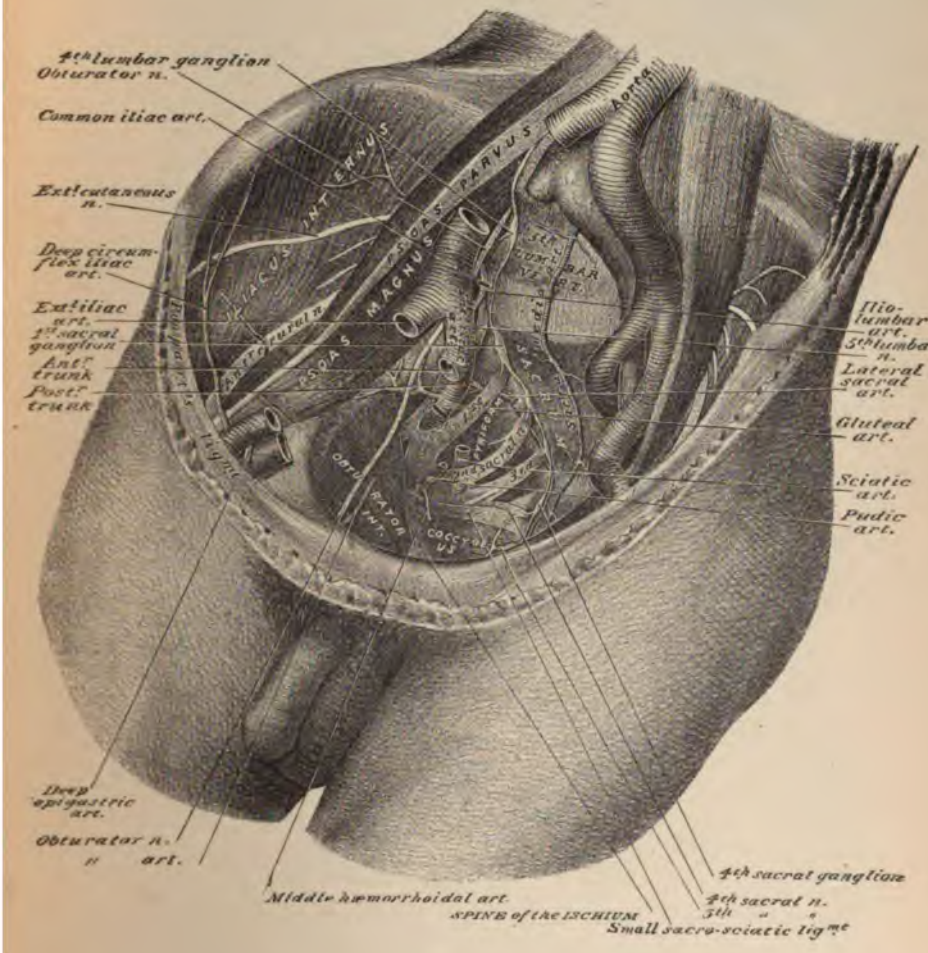


M.Cohn, ad naturam del.



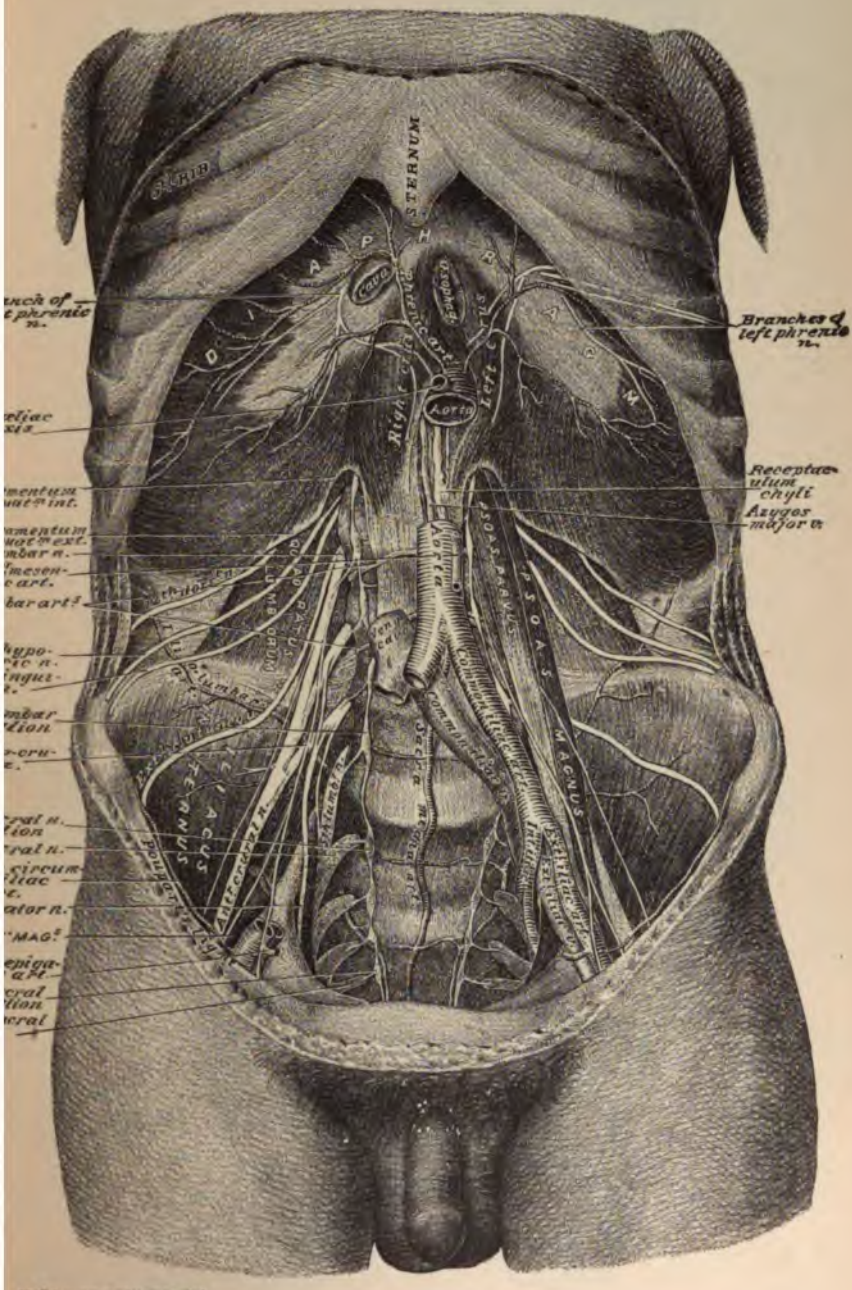
M. Cohn ad naturam del.

PLATE 40



M.Cohn ad naturam del.

PLATE 41



M. Cohn, ad naturam del.

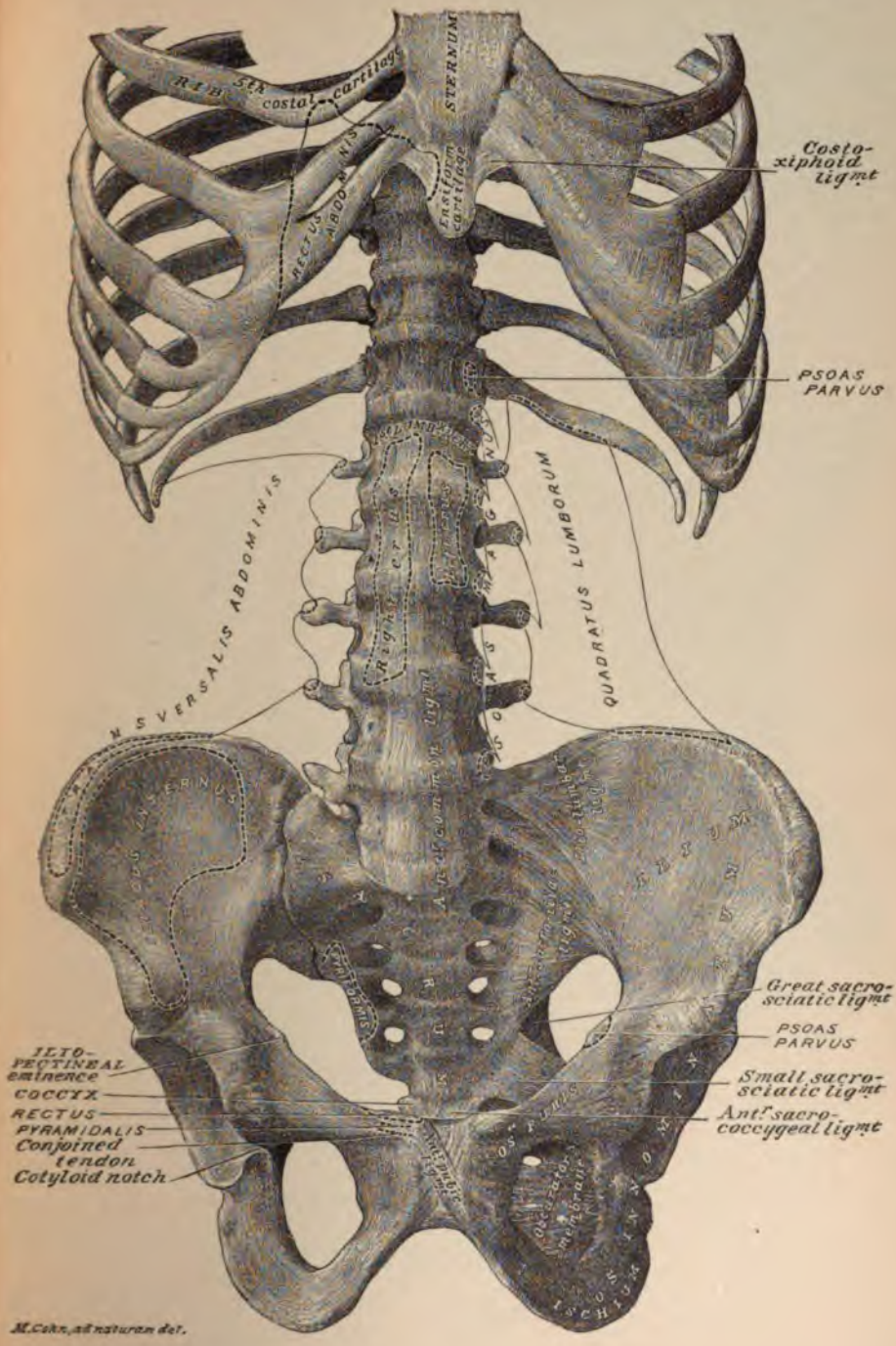

R.A.M.
5th costal cartilage
STERNUM
Ensiform cartilage
RECTUS ABDOMINIS
Costo-xiphoid lig.mt
PSOAS PARVUS
TRANSVERSALIS ABDOMINIS
QUADRATUS LUMBORUM
Great sacro-sciatic lig.mt
PSOAS PARVUS
ILIO-PECTINEAL eminence
COCCYX
RECTUS
PYRAMIDALIS
Conjoined tendon
Cotyloid notch
Small sacro-sciatic lig.mt
Ant.r sacro-coccygeal lig.mt
ISCHIUM
M. Cohn, ad naturam del.

PLATE 43

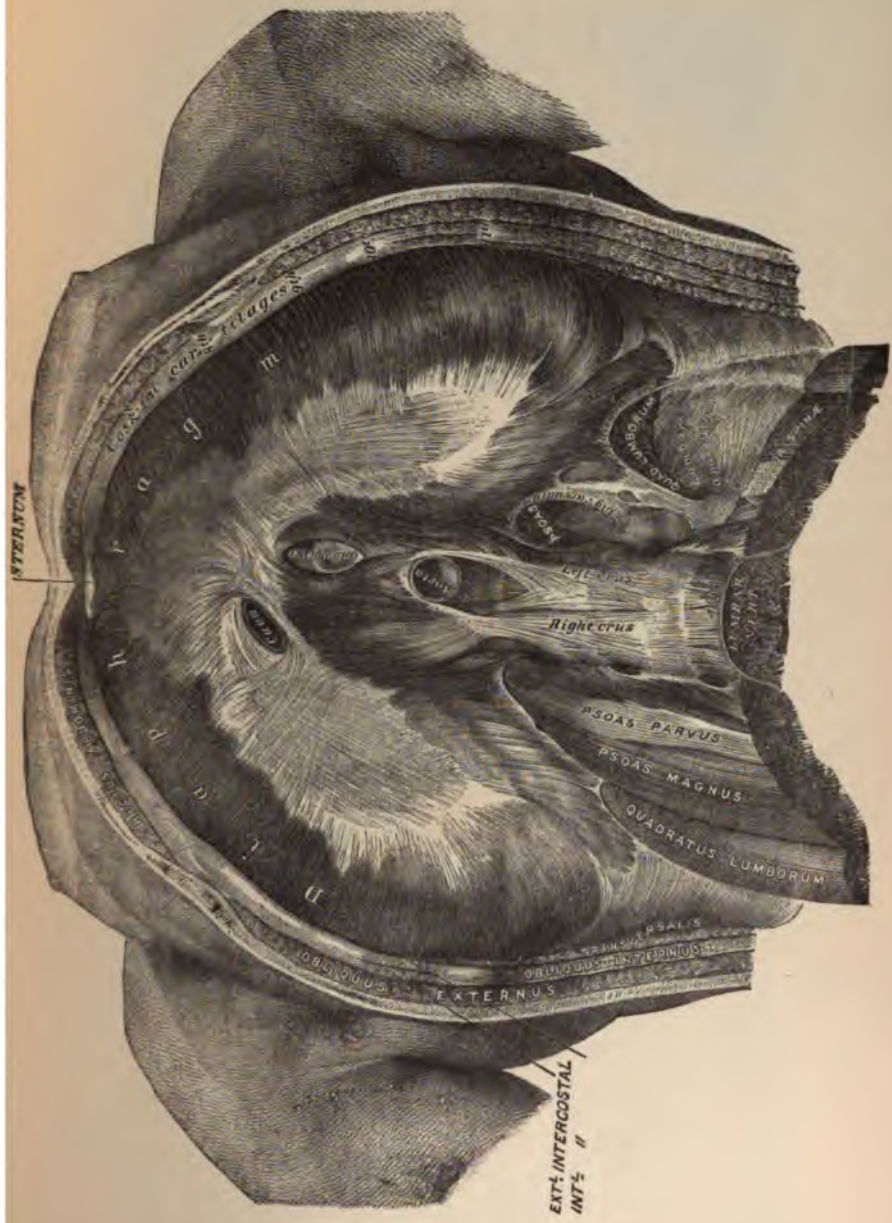

STERNON
Right crus
PSOAS PARVUS
PSOAS MAGNUS
QUADRATUS LUMBORUM
EXTERNUS
EXT.L INTERCOSTAL
INT.L "

PLATE 44

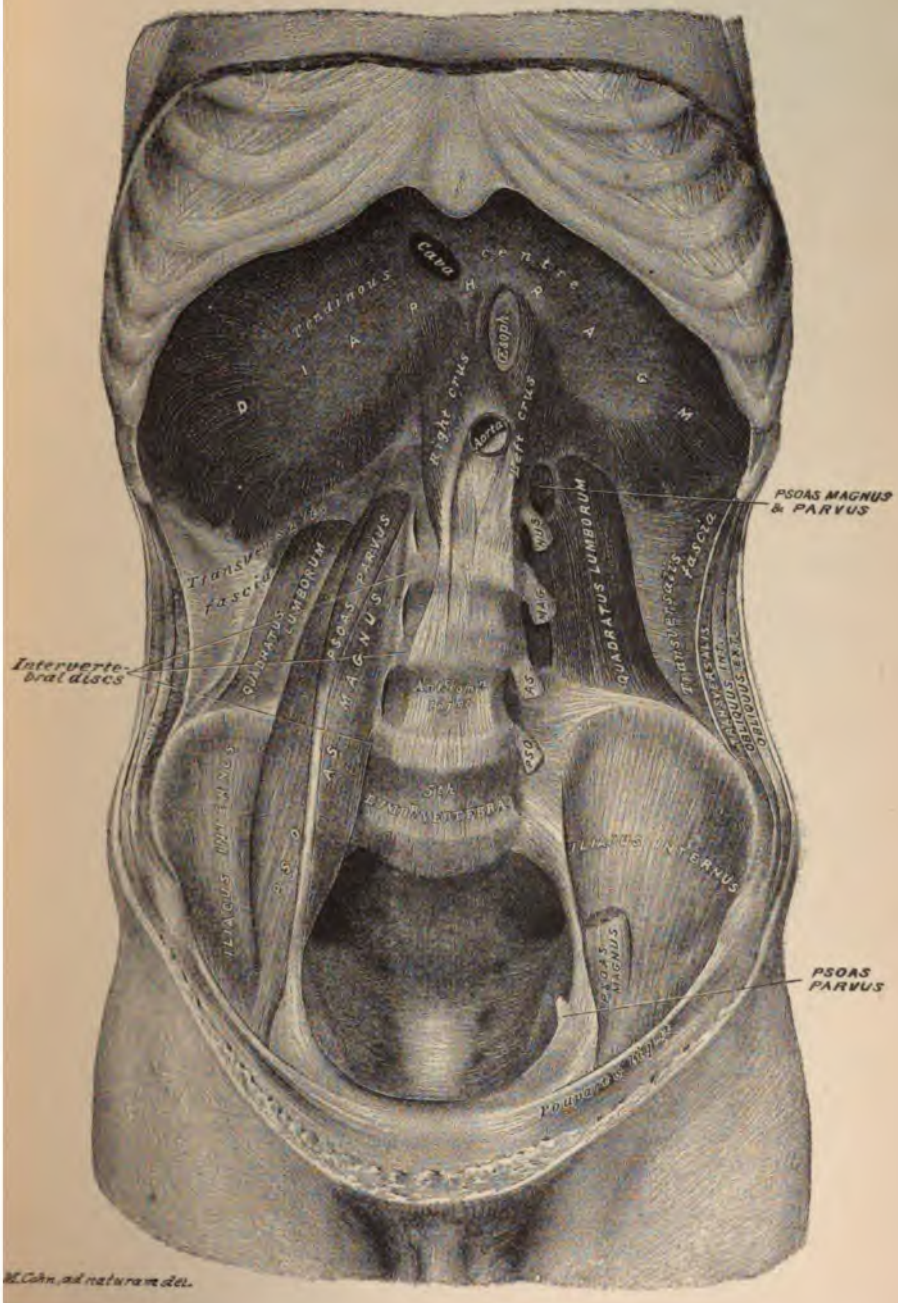

Caval
Tendinous centre
DIAPHRAGM
Aortic
Right crus
Left crus
PSOAS MAGNUS & PARVUS
Transversalis fascia
QUADRATUS LUMBORUM
PSOAS PARVUS
PSOAS MAGNUS
Intervertebral discs
Anterior longitudinal
Sacro-iliac
ILIACUS INTERNUS
PSOAS MAGNUS
PSOAS PARVUS
Poupart's ligament
M. Cohn, ad naturam del.

FIG. 1

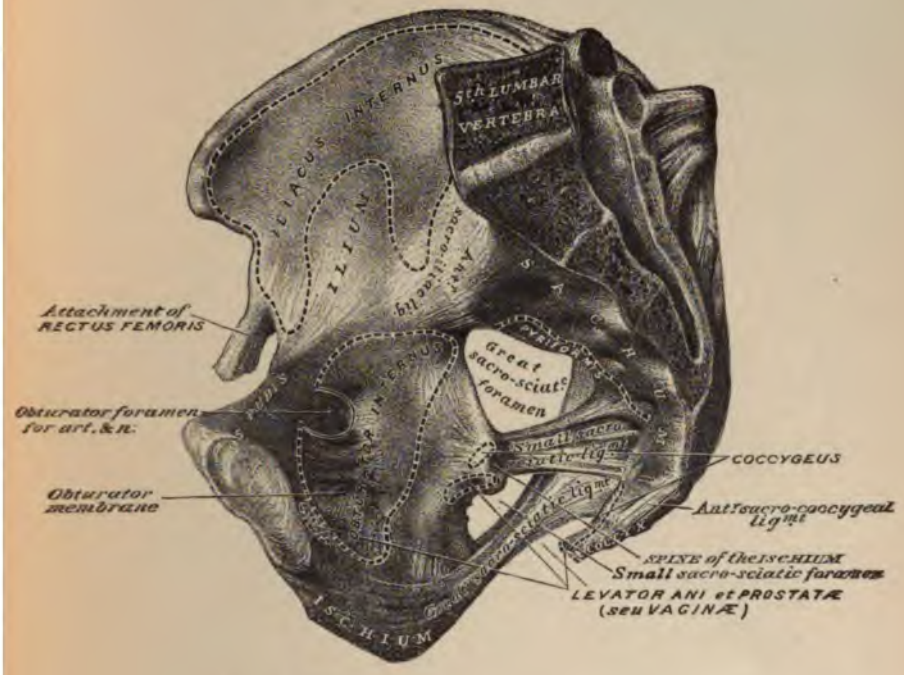

ILIACUS INTERNUS
ILIUM
5th LUMBAR VERTEBRA
Attachment of RECTUS FEMORIS
Great sacro-sciat.c foramen
Obturator foramen for art. & n.
Small sacro-sciatic lig.mt
COCCYGEUS
Obturator membrane
Ant.l sacro-coccygeal lig.mt
SPINE of the ISCHIUM
Small sacro-sciatic foramen
LEVATOR ANI et PROSTATÆ (seu VAGINÆ)
ISCHIUM

FIG. 2

Sup.r pubic lig.mt
Obturator foramen for art. & n.
LEVATOR ANI et PROSTATÆ (seu VAGINÆ)
ISCHIUM
Inf.r pubic lig.mt

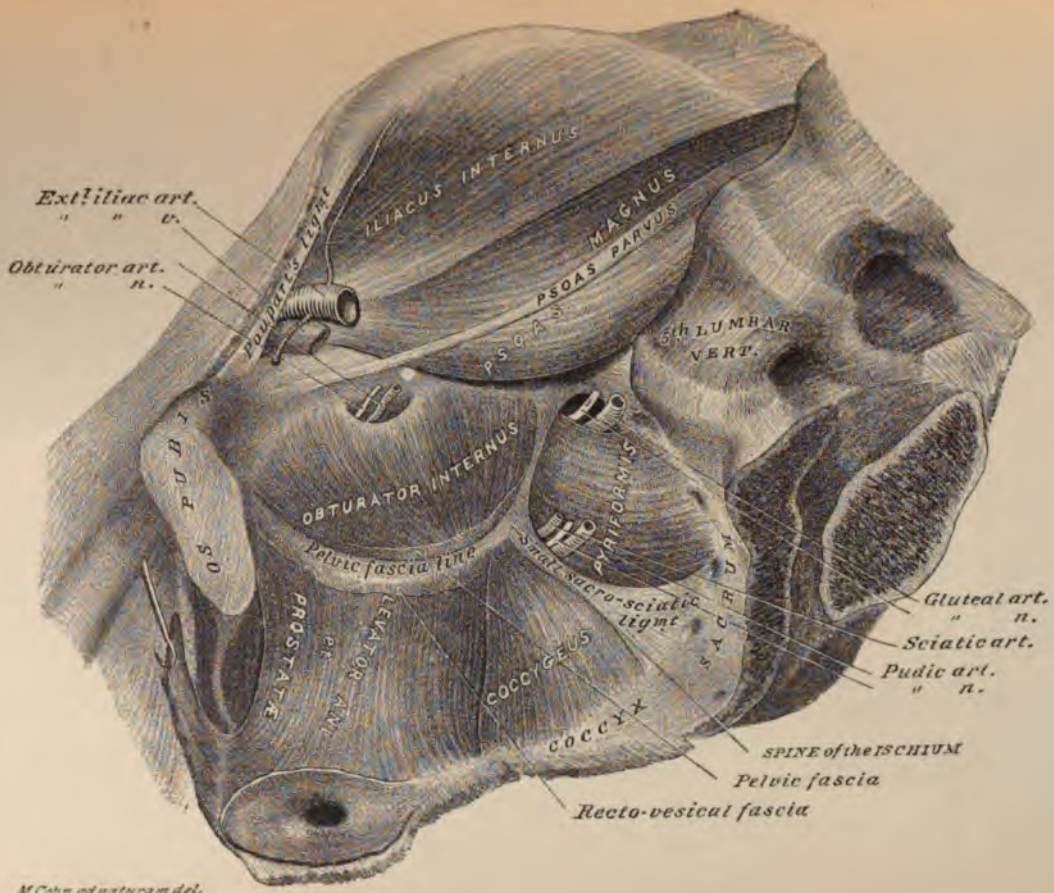

Ext.l iliac art.
" " v.
Obturator art.
" n.
Poupart's ligmt
ILIACUS INTERNUS
PSOAS MAGNUS
PSOAS PARVUS
5th LUMBAR VERT.
OS PUBIS
OBTURATOR INTERNUS
PYRIFORMIS
Pelvic fascia line
Small sacro-sciatic ligmt
SACRUM
Gluteal art.
" n.
Sciatic art.
Pudic art.
" n.
PROSTATE
LEVATOR ANI
COCCYGEUS
COCCYX
SPINE of the ISCHIUM
Pelvic fascia
Recto-vesical fascia
M. Cohn, ad naturam del.

PLATE 46

Fig.1
Transverse valvulæ
Oblique valv. conniventes
Mucous coat
Sub-mucous coat
Muscular coat
Serous coat or peritoneum

Fig.6
Sup.r valve
Ileo-colic valve orifice
Inf.r valve
Appendix vermiformis

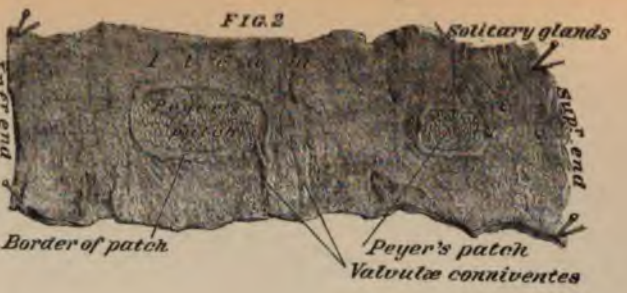


Fig.2
Solitary glands
Inf.r end
Sup.r end
Border of patch
Peyer's patch
Valvulæ conniventes

Fig.4
Ascending colon
Ileum
Appendix vermiformis

Fig.3
Transverse furrows
Large intestine
Transverse prominences
Solitary glands

Fig.5
Ileum
Appendix vermiformis

PLATE 47

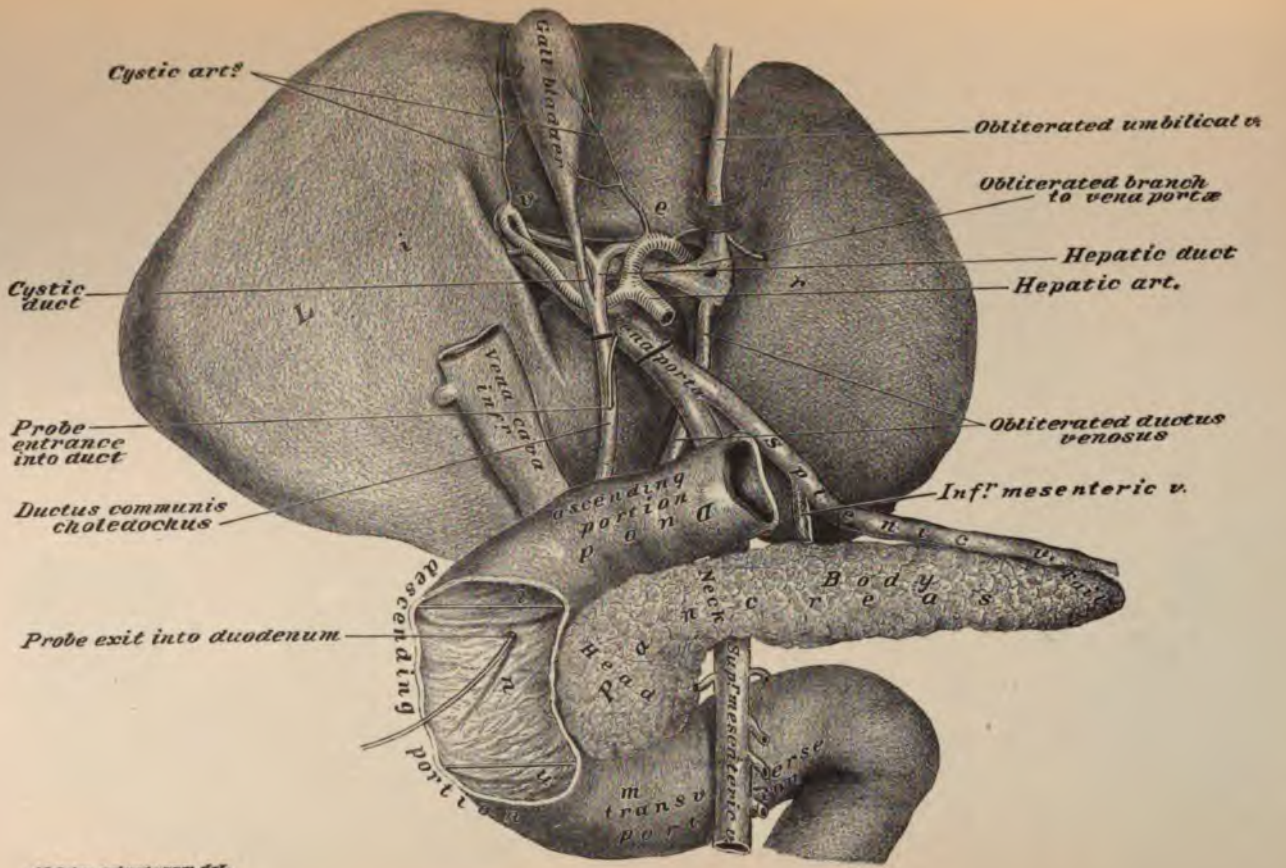

Cystic art?
Gall bladder
Obliterated umbilical v.
Obliterated branch to vena portæ
Hepatic duct
Cystic duct
Hepatic art.
Vena cava inf.r
Vena portæ
Probe entrance into duct
Obliterated ductus venosus
Inf.r mesenteric v.
Ductus communis choledochus
ascending portion
Duodenum
Body
Neck
Head
Probe exit into duodenum
descending portion
Sup.r mesenteric a.
transverse portion
M. Cahn, ad naturam del.

PLATE 48

FIG. 1

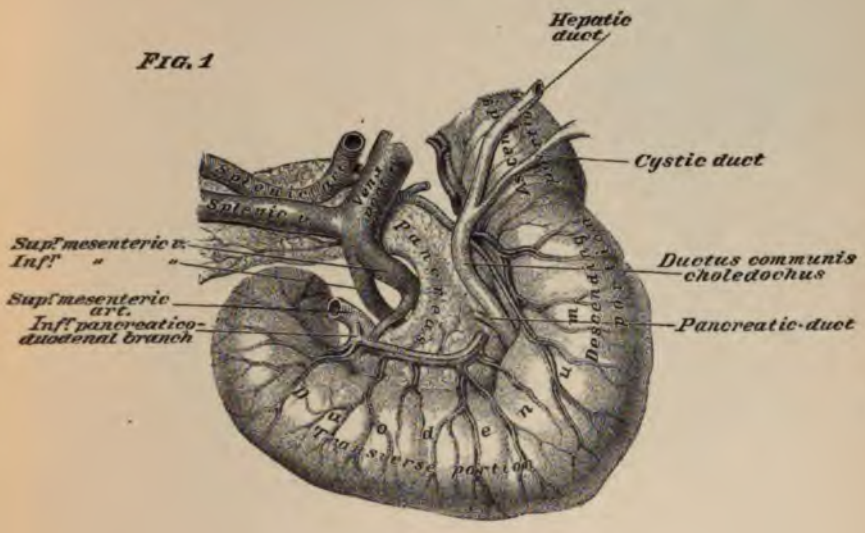
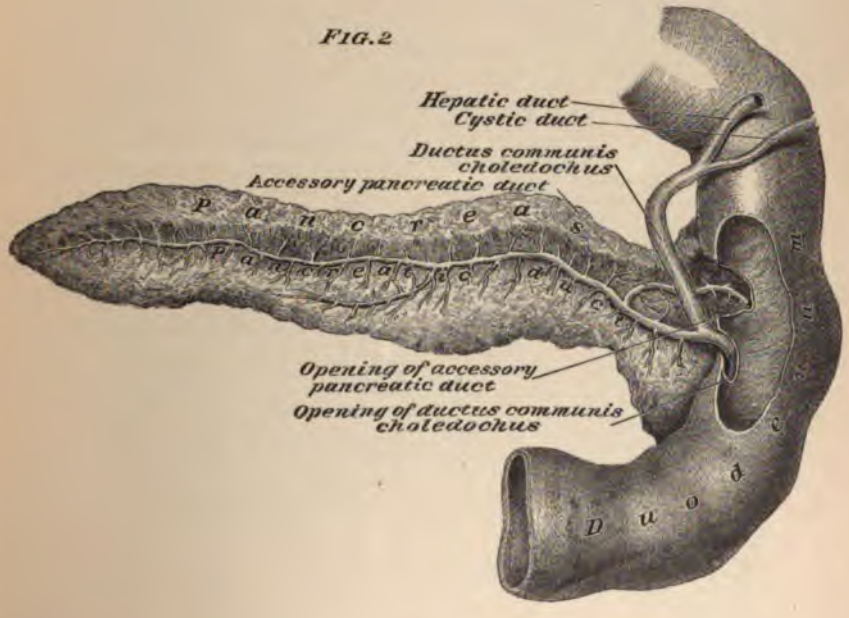


FIG. 2



LANE LIBRARY

FIG. 1

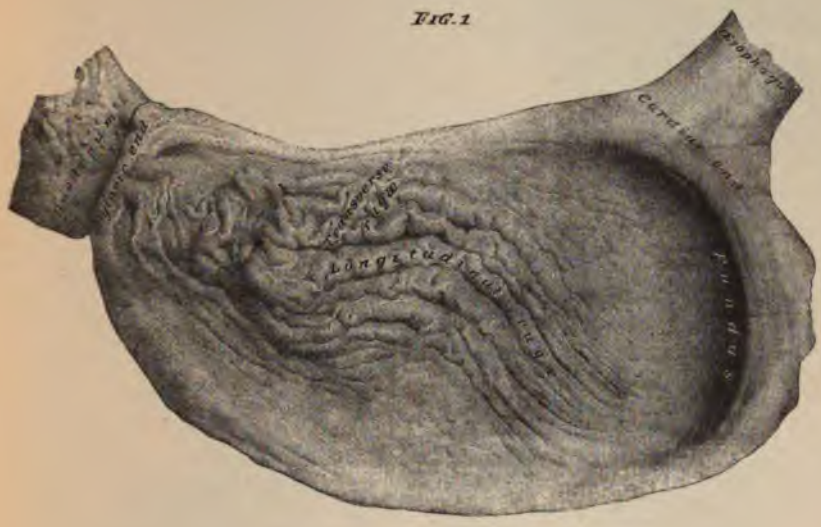
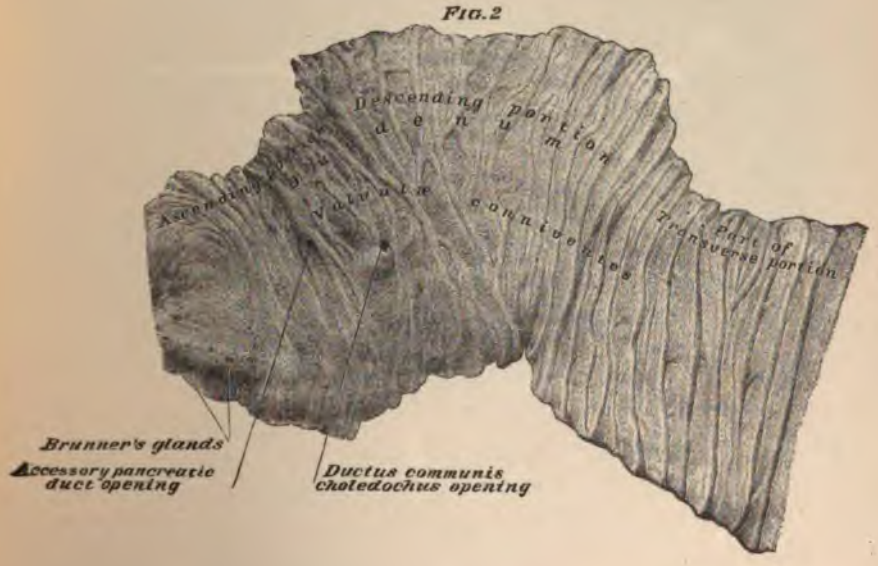
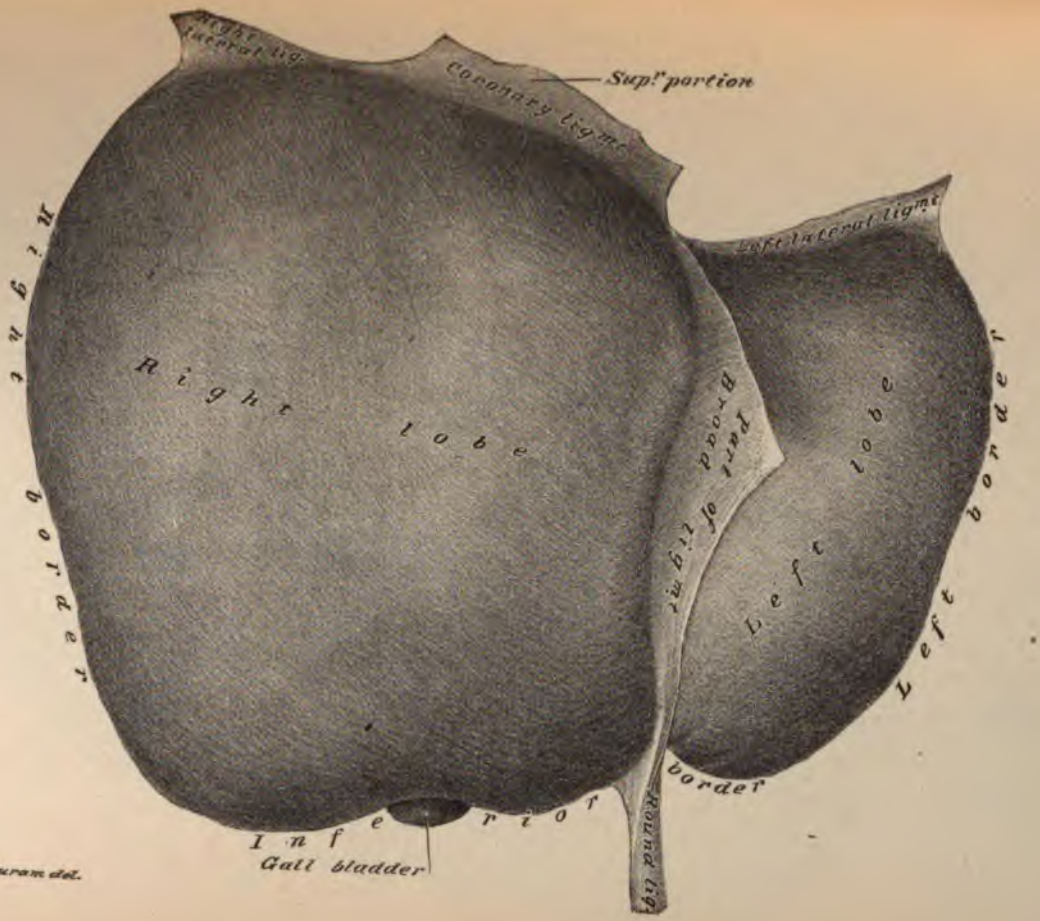

Duodenum
Cardiac end
Pylorus
Transverse folds
Longitudinal rugæ
Cardiac end
Duodenum

FIG. 2


Descending portion
Ascending portion
Valvulæ conniventes
First part of transverse portion
Brunner's glands
Accessory pancreatic duct opening
Ductus communis choledochus opening



M.Cohn. ad naturam del.

PLATE 51

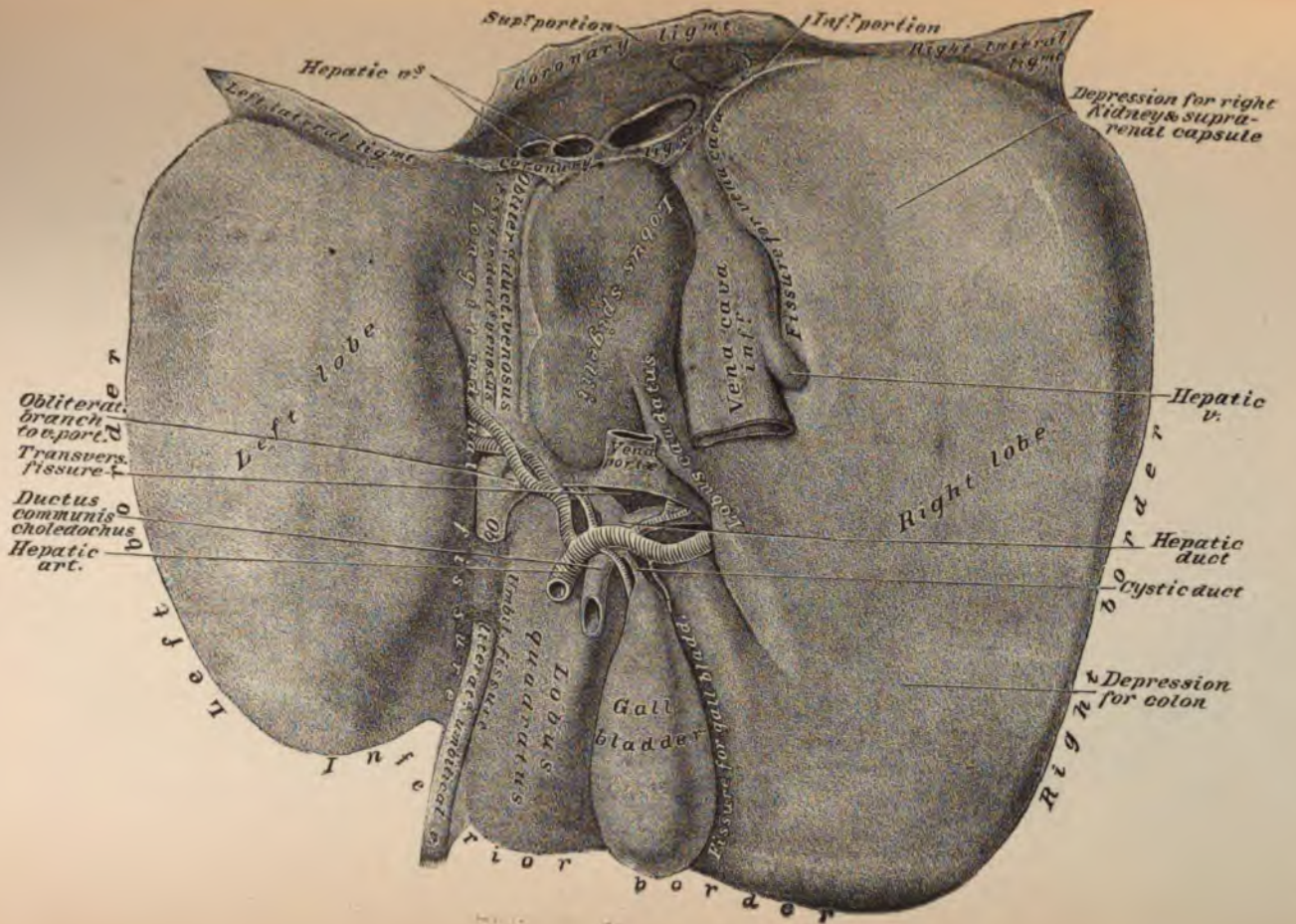

Sup.r portion
coronary ligmt
Inf.r portion
Right lateral ligmt
Hepatic vs
Left lateral ligmt
Coronary
Depression for right kidney & supra-renal capsule
Fissure for ven. cava
Lobus Spigelii
Vena cava inf.r
Left lobe
Hepatic v.
Obliterat. branch to v. port.
Transvers. fissure
Ductus communis choledochus
Hepatic art.
Vena portæ
Lobus Quadratus
Right lobe
Hepatic duct
Cystic duct
Depression for colon
Gall bladder
Fissure for gall bladder
Left border
Inferior border
Right border

PLATE 52

FIG. 1

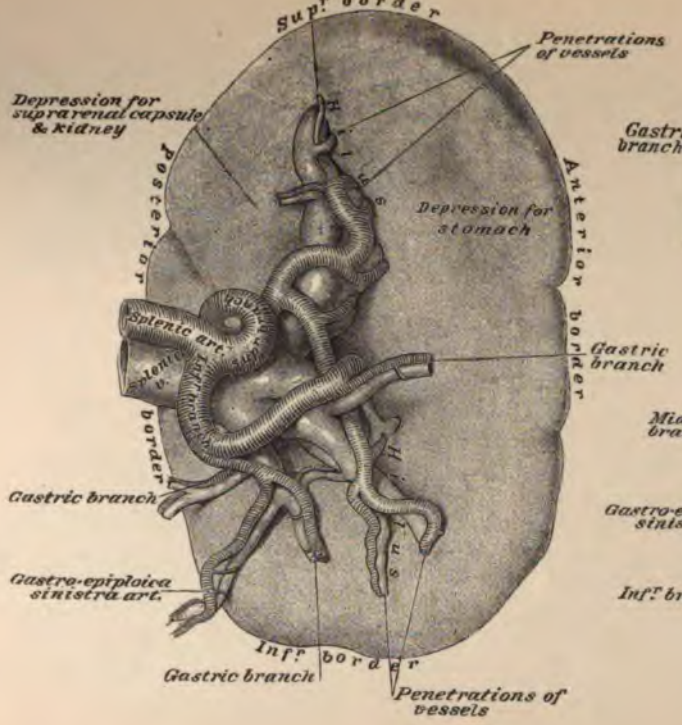


FIG. 2

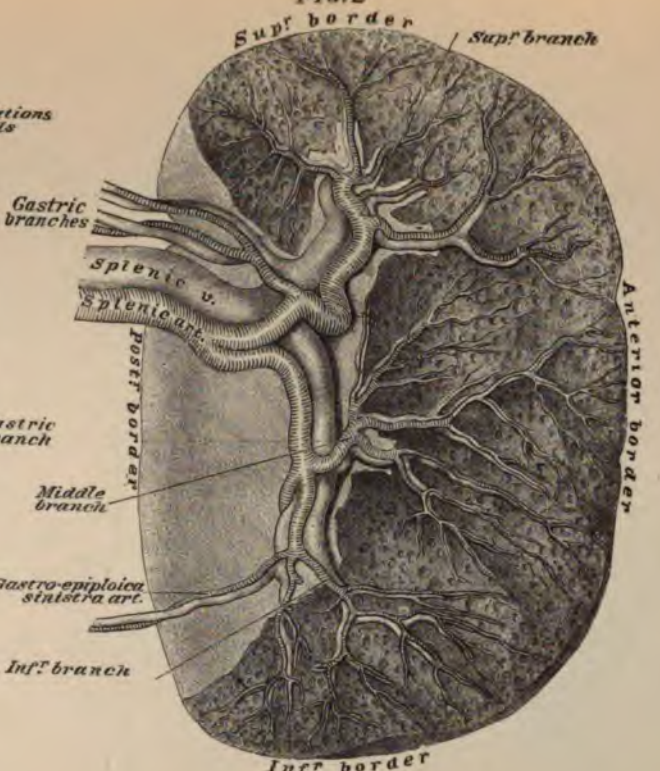


PLATE 53

[redacted]

FIG. 1

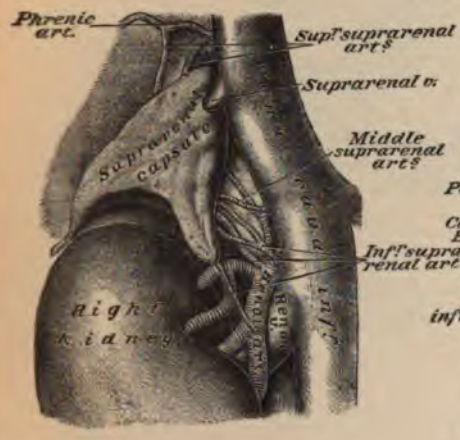


FIG. 3

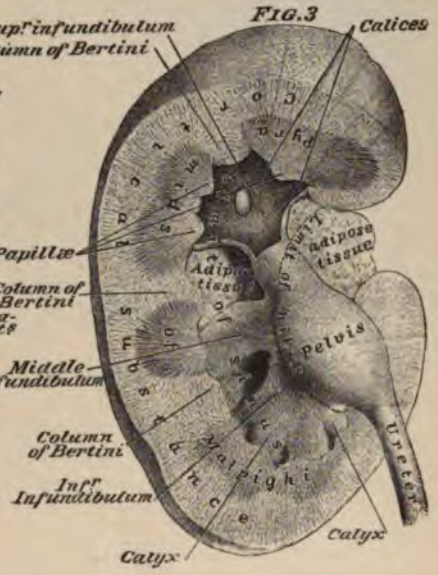


FIG. 2

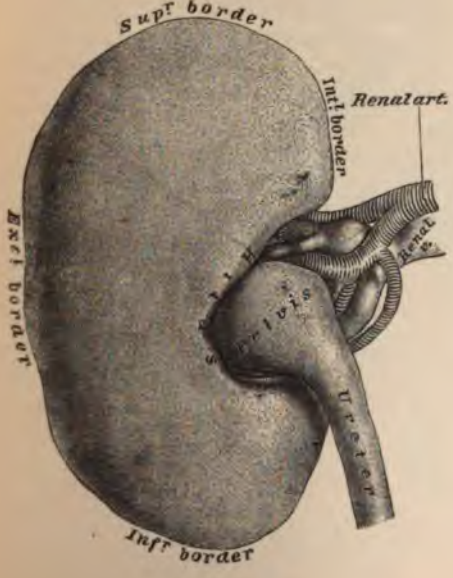
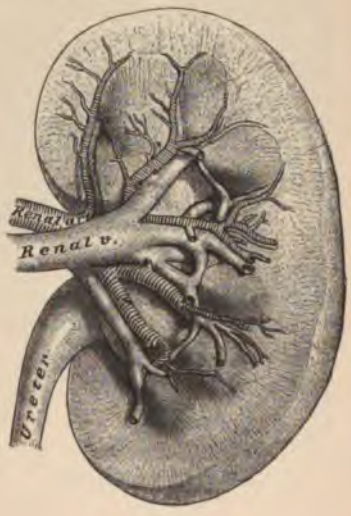


FIG. 4



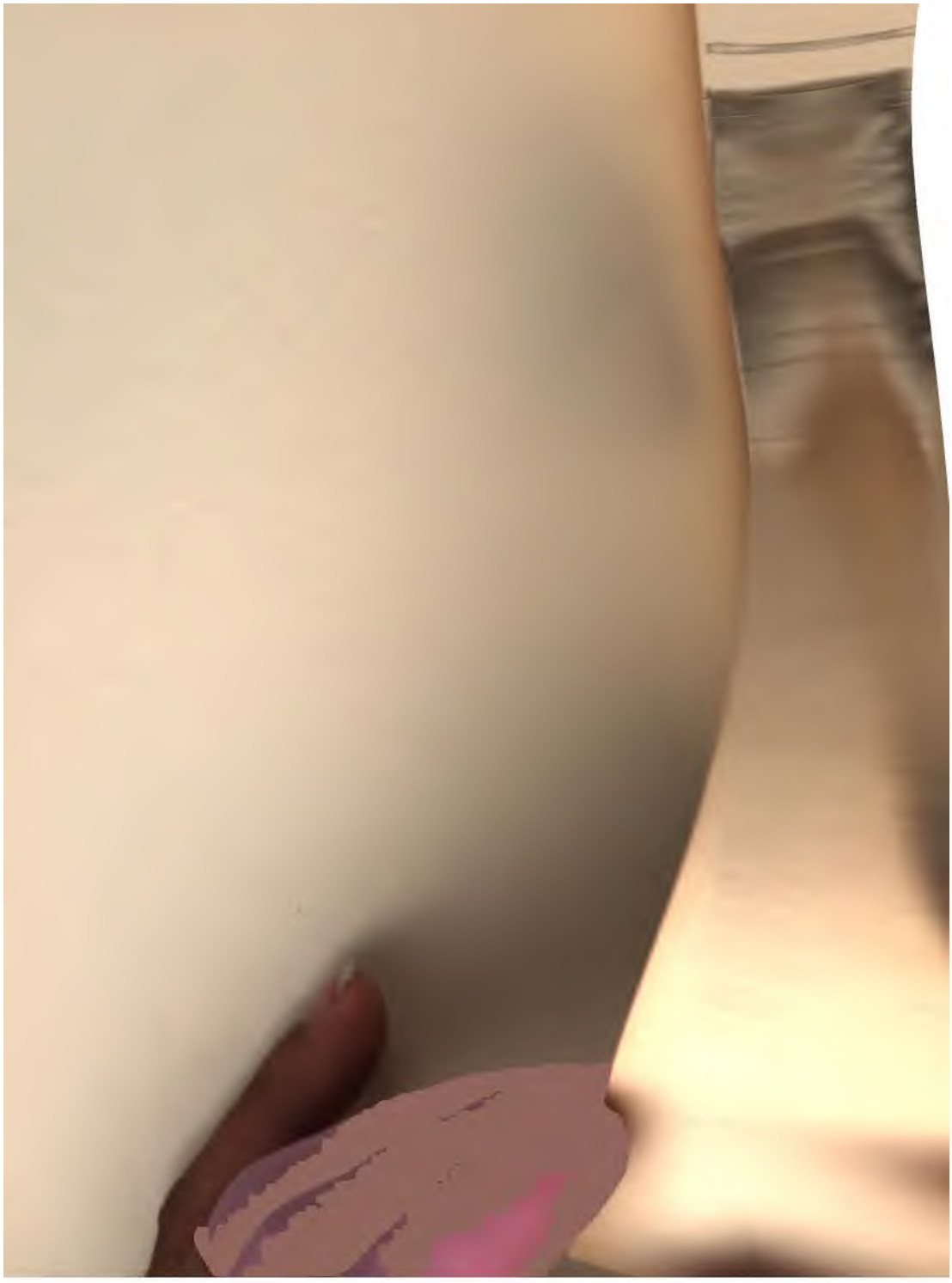
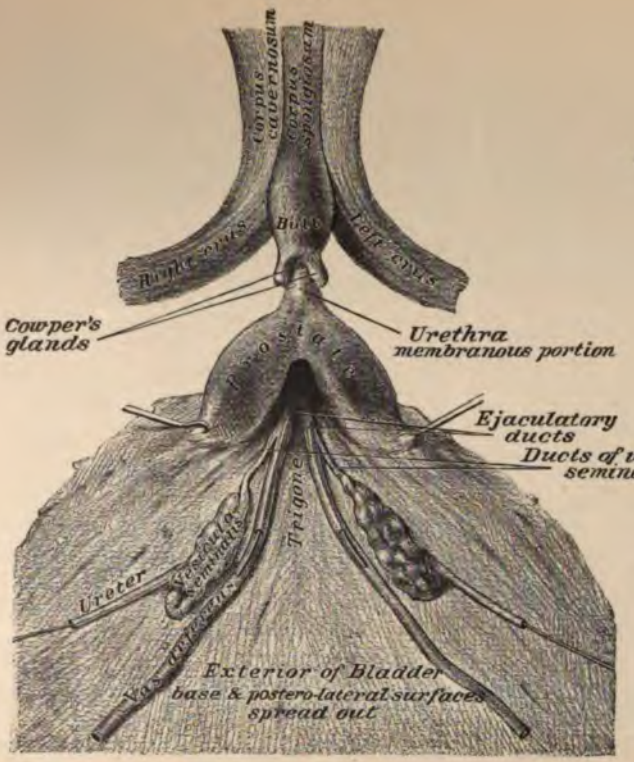


FIG. 1



M. Cohn, ad naturam del.

FIG. 2.

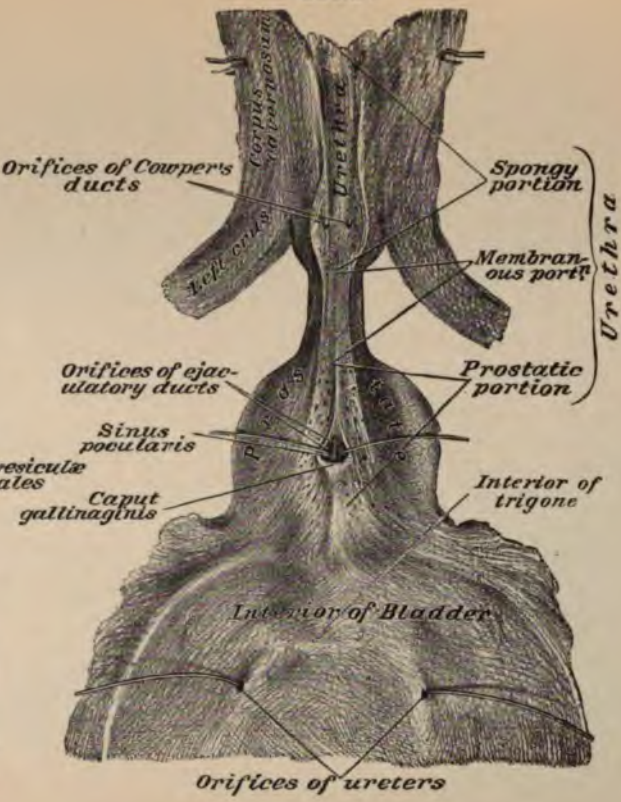
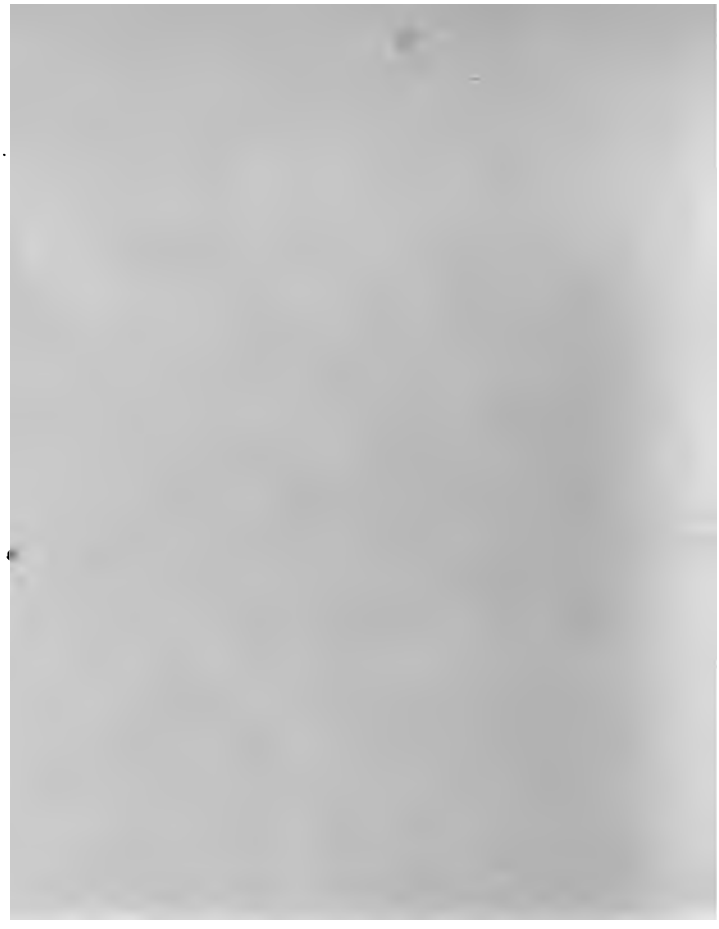


PLATE 55



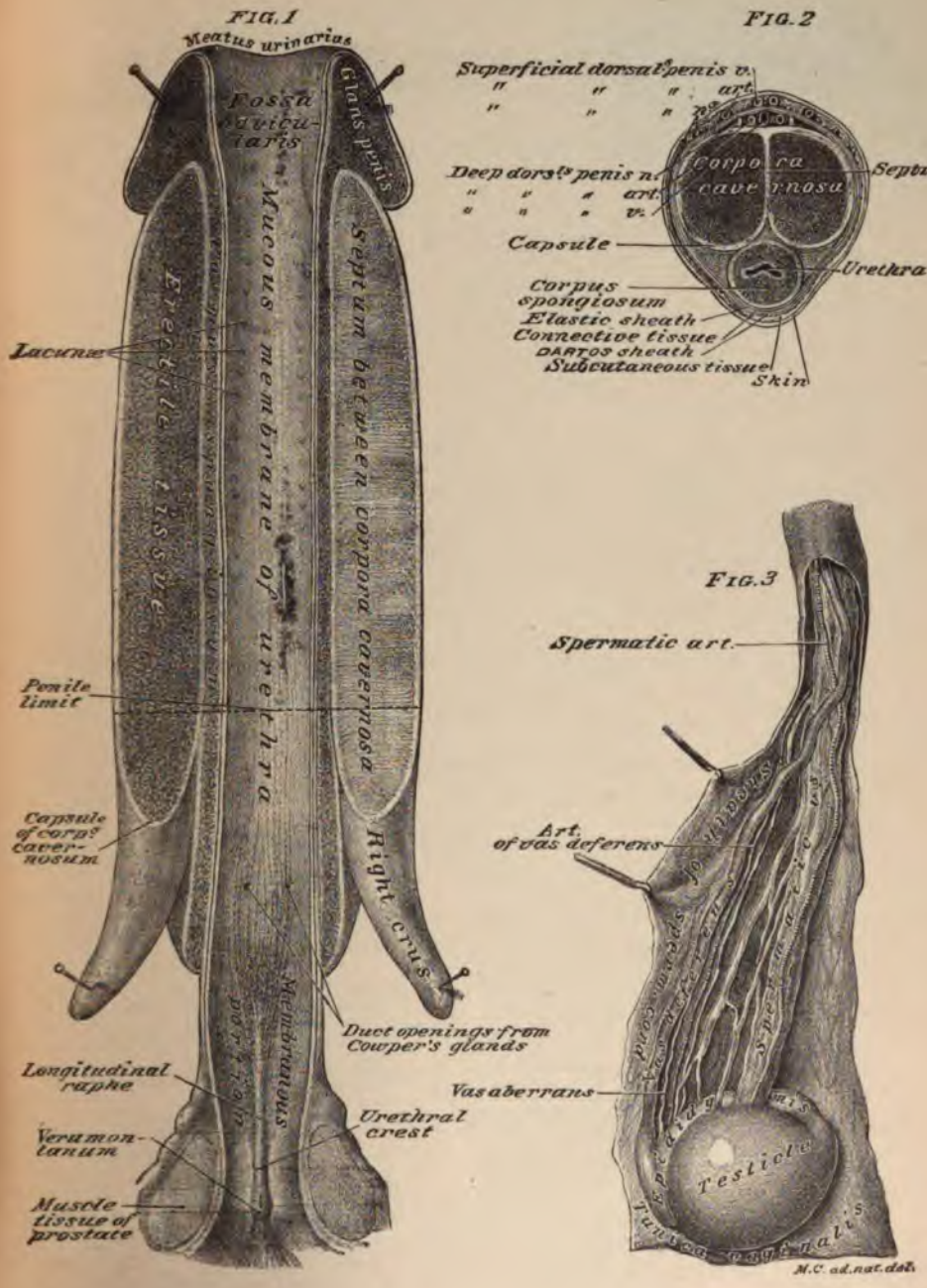


FIG. 1
Meatus urinarius
Glans penis
Fossa navicularis
Mucous membrane of urethra
Septum between corpora cavernosa
Erectile tissue
Lacunæ
Penile limit
Capsule of corpus cavernosum
Right crus
Membranous part
Duct openings from Cowper's glands
Longitudinal raphe
Verumontanum
Urethral crest
Muscle tissue of prostate
FIG. 2
Superficial dorsal penis v.
" " " art.
" " " n.
Deep dors.l penis n.
" " " art.
" " " v.
Corpora cavernosa
Septum
Capsule
Urethra
Corpus spongiosum
Elastic sheath
Connective tissue
DARTOS sheath
Subcutaneous tissue
Skin
FIG. 3
Spermatic art.
Art. of vas deferens
Vas aberrans
Testicle
M.C. ad.nat.del.

FIG. 1

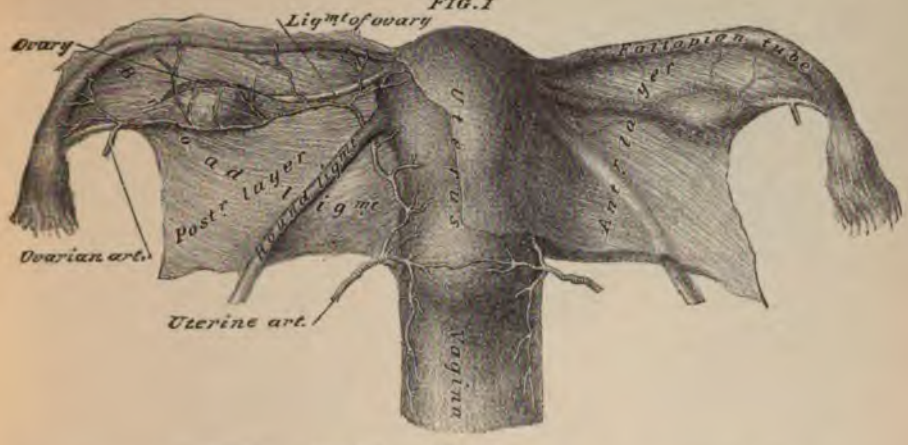


FIG. 2

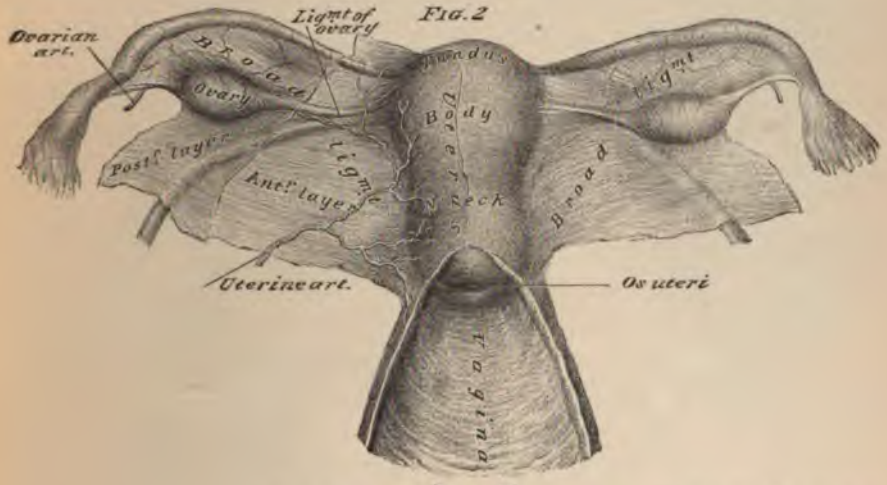
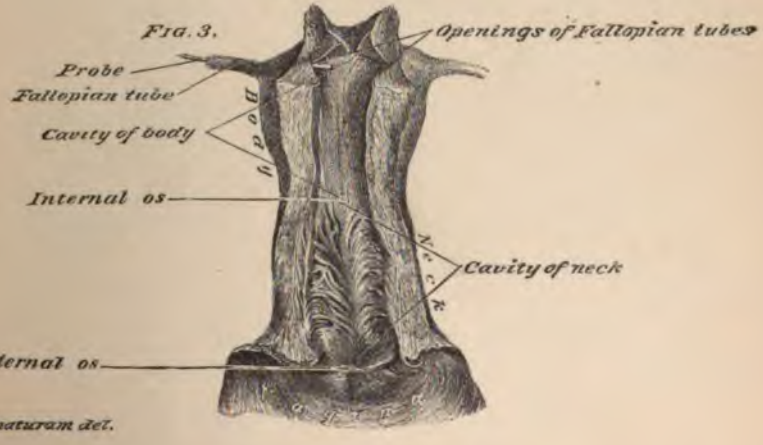


FIG. 3.



M. Cohn. ad naturam del.

FIG. 1

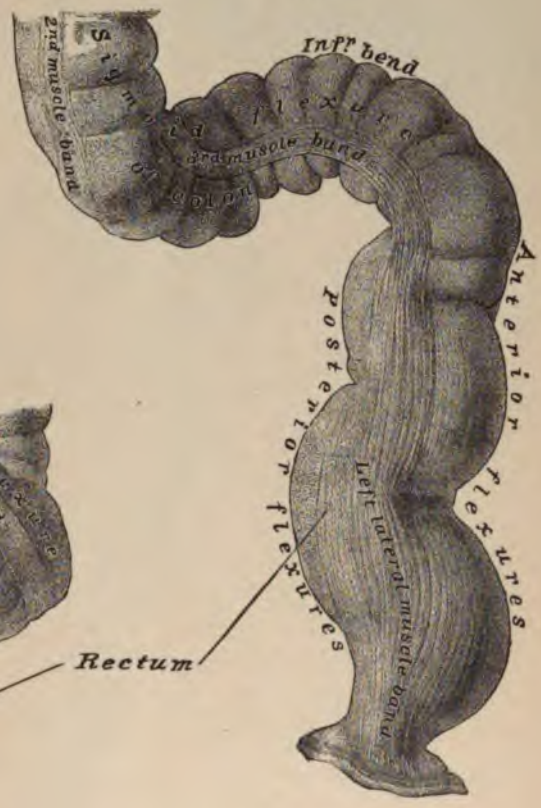

2nd muscle band
Sigmoid flexure
of colon
Infr bend
3rd muscle band
Anterior flexures
Posterior flexures
Left lateral muscle band
Rectum

FIG. 2

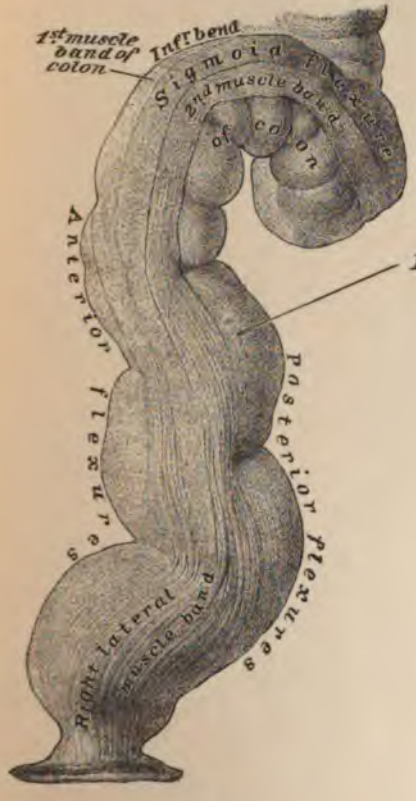

1st muscle band of colon
Infr bend
Sigmoid flexure
2nd muscle band of colon
Anterior flexures
Posterior flexures
Right lateral muscle band
Rectum

PLATE 59

ILIACUS INTERNUS
ILIUM
ANT.R SUP.R SPINOUS process
SARTORIUS
RECTUS FEMORIS
ANT.R INF.R SPINOUS process
PECTINEUS
OS PUBIS
ADDUCTOR LONGUS
ADDUCTOR BREVIS
GLUTEUS MINIMUS
TROCHANTER MAJOR
" MINOR
VASTUS EXTERNUS
PSOAS MAGNUS & ILIACUS INT.
GRACILIS
ADD.R MAGNUS
ISCHIUM
SEMIMEMBRAN.
QUADRATUS FEMORIS
FEMUR
CRUREUS & RECTUS FEMORIS
VASTUS INTERNUS
VASTUS EXTERNUS
Ligamentum patellæ
TIBIA
Aponeurosis of QUADRICEPS EXT.R FEMORIS
SARTORIUS
GRACILIS
SEMITENDINOSUS
M. Cohn ad naturam del.

Pubic portion of fascia lata
Superficial circumflex iliac art. and vein
Superficial epigastric art. " " v.
Saphena
Superior ext! pudic art.
Iliac portion of fascia lata
Genito-crural n.
Inf! ext! pudic art. & v.
Branches of int! cutan! n.
Int! saphenous n.
M. Cohn, ad naturam del.

PLATE 61

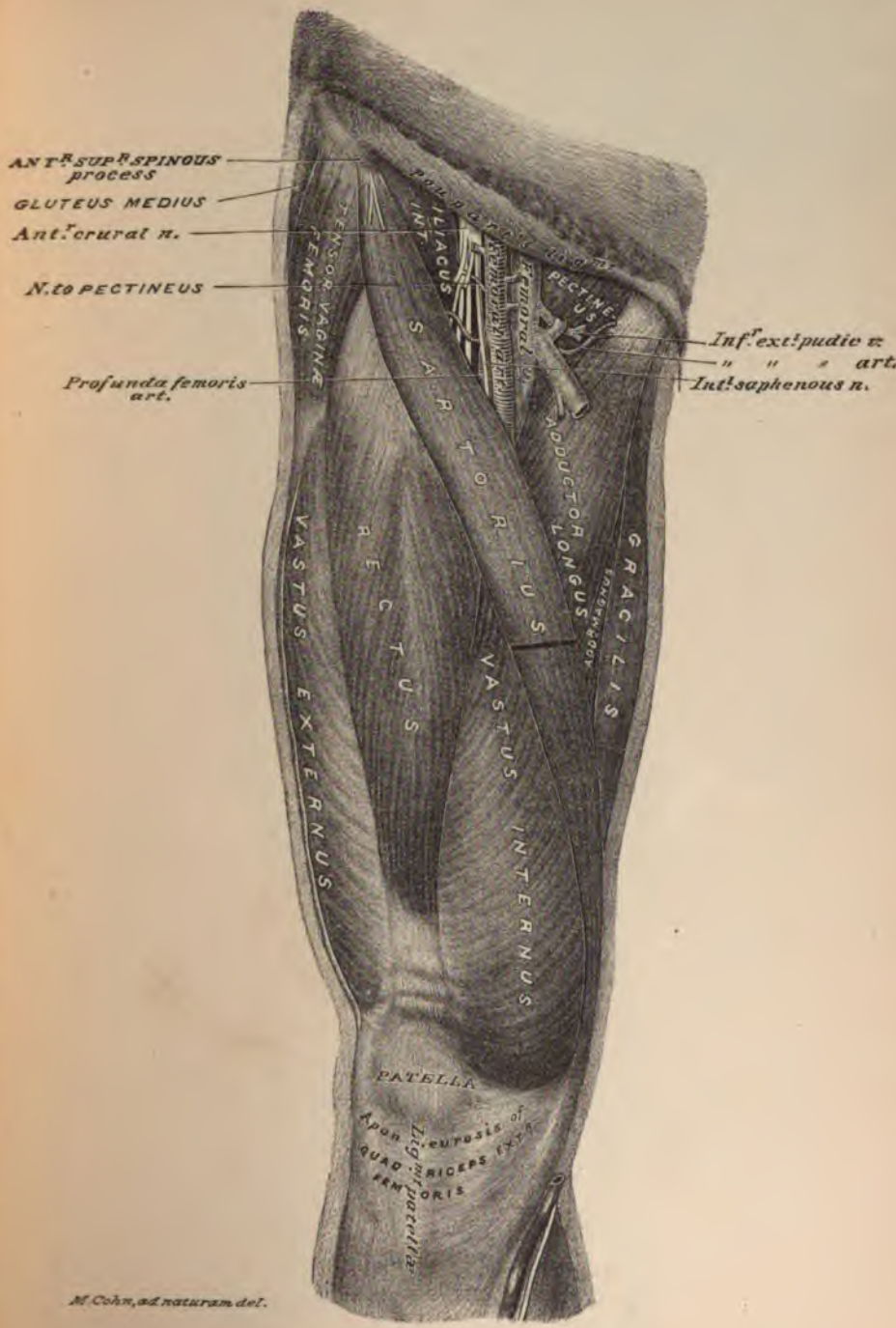

ANT.R SUP.R SPINOUS process
GLUTEUS MEDIUS
Ant.r crural n.
N. to PECTINEUS
Profunda femoris art.
TENSOR VAGINÆ FEMORIS
ILIACUS INT.
PSOAS
FEMORAL A.
PECTINEUS
Inf.r ext.l pudic v.
" " " art.
Int.l saphenous n.
SARTORIUS
ADDUCTOR LONGUS
ADD. MAGNUS
GRACILIS
RECTUS
VASTUS INTERNUS
VASTUS EXTERNUS
PATELLA
Lig. patellæ
Apon. eurosis of QUAD. FEMORIS
M. Cohn, ad naturam del.

PLATE 62

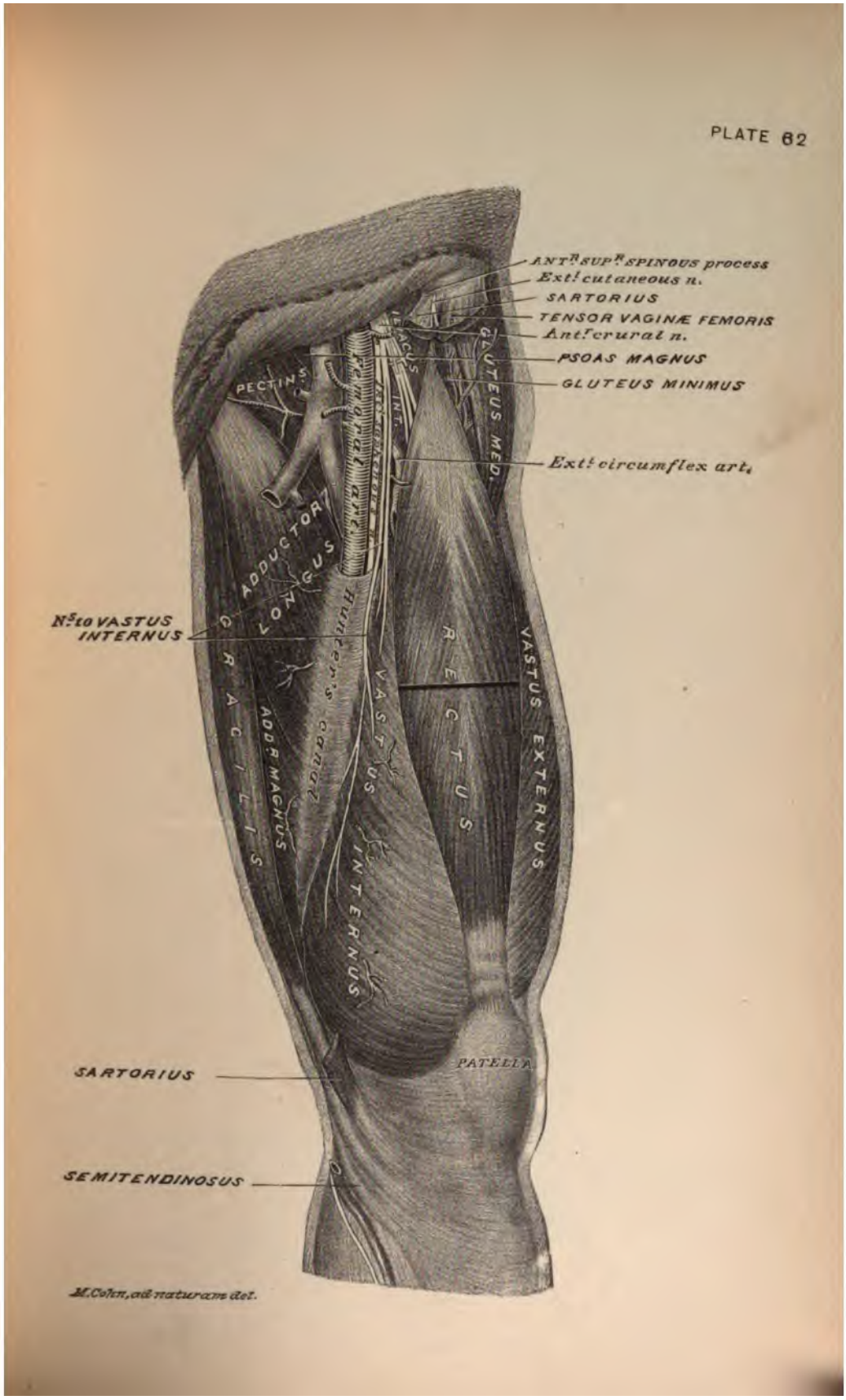
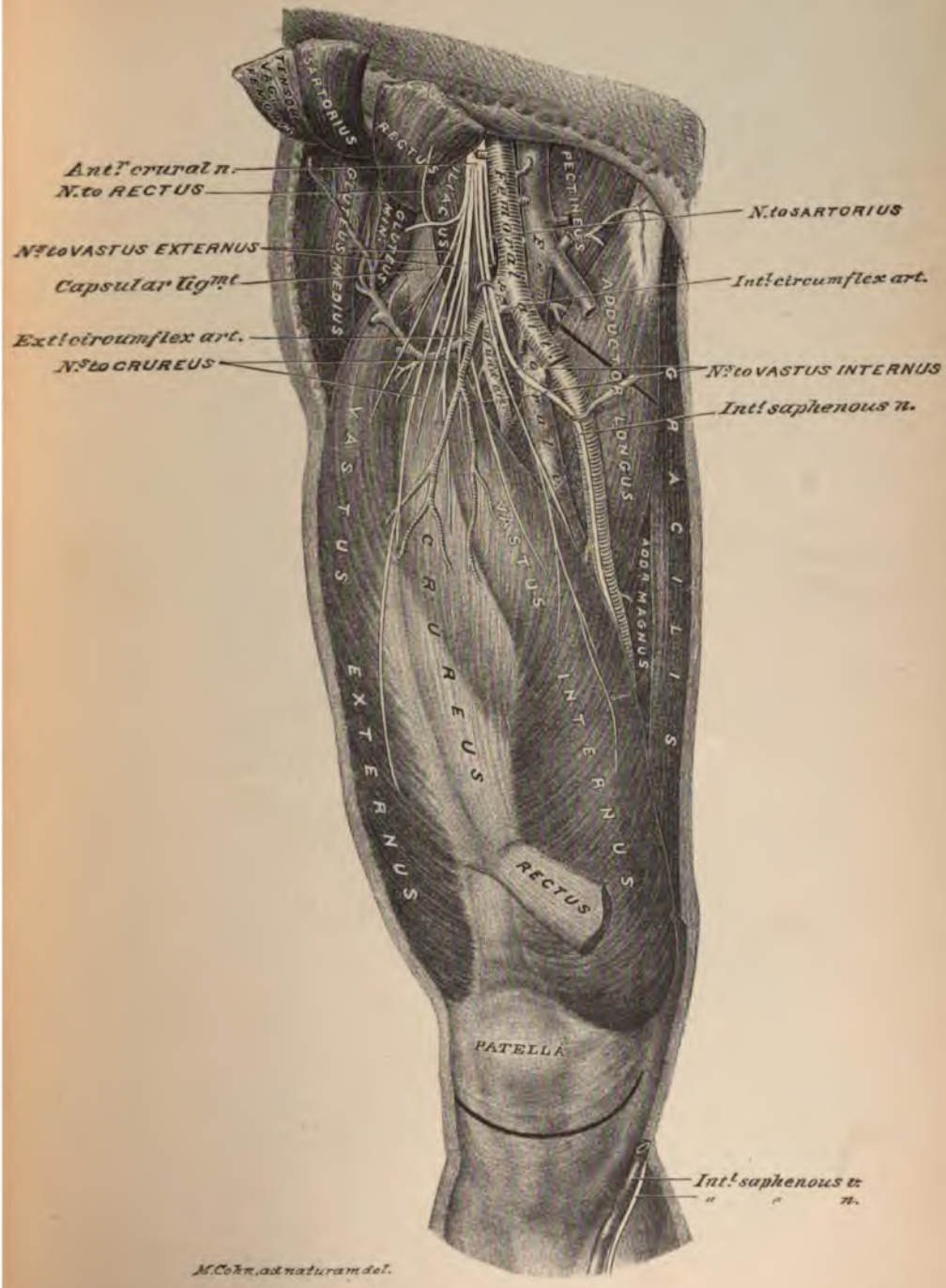

ANT.R SUP.R SPINOUS process
Ext.l cutaneous n.
SARTORIUS
TENSOR VAGINÆ FEMORIS
Ant.r crural n.
PSOAS MAGNUS
GLUTEUS MINIMUS
Ext.l circumflex art.
PECTINS.
GLUTEUS MED.
ADDUCTOR LONGUS
Nerve to VASTUS INTERNUS
GRACILIS
ADD.R MAGNUS
Hunter's canal
VASTUS INTERNUS
RECTUS
VASTUS EXTERNUS
PATELLA
SARTORIUS
SEMITENDINOSUS
M.Colin, ad naturam del.

PLATE 63


Ant.r crural n.
N. to RECTUS
Nr to VASTUS EXTERNUS
Capsular ligt
Ext.l circumflex art.
Nrs to CRUREUS
N. to SARTORIUS
Int.l circumflex art.
Nr to VASTUS INTERNUS
Int.l saphenous n.
Int.l saphenous v.
n.
SARTORIUS
RECTUS
PECTINEUS
ADDUCTOR LONGUS
ADDR. MAGNUS
GRACILIS
VASTUS EXTERNUS
CRUREUS
VASTUS INTERNUS
RECTUS
PATELLA
M.Cohn, ad naturam del.

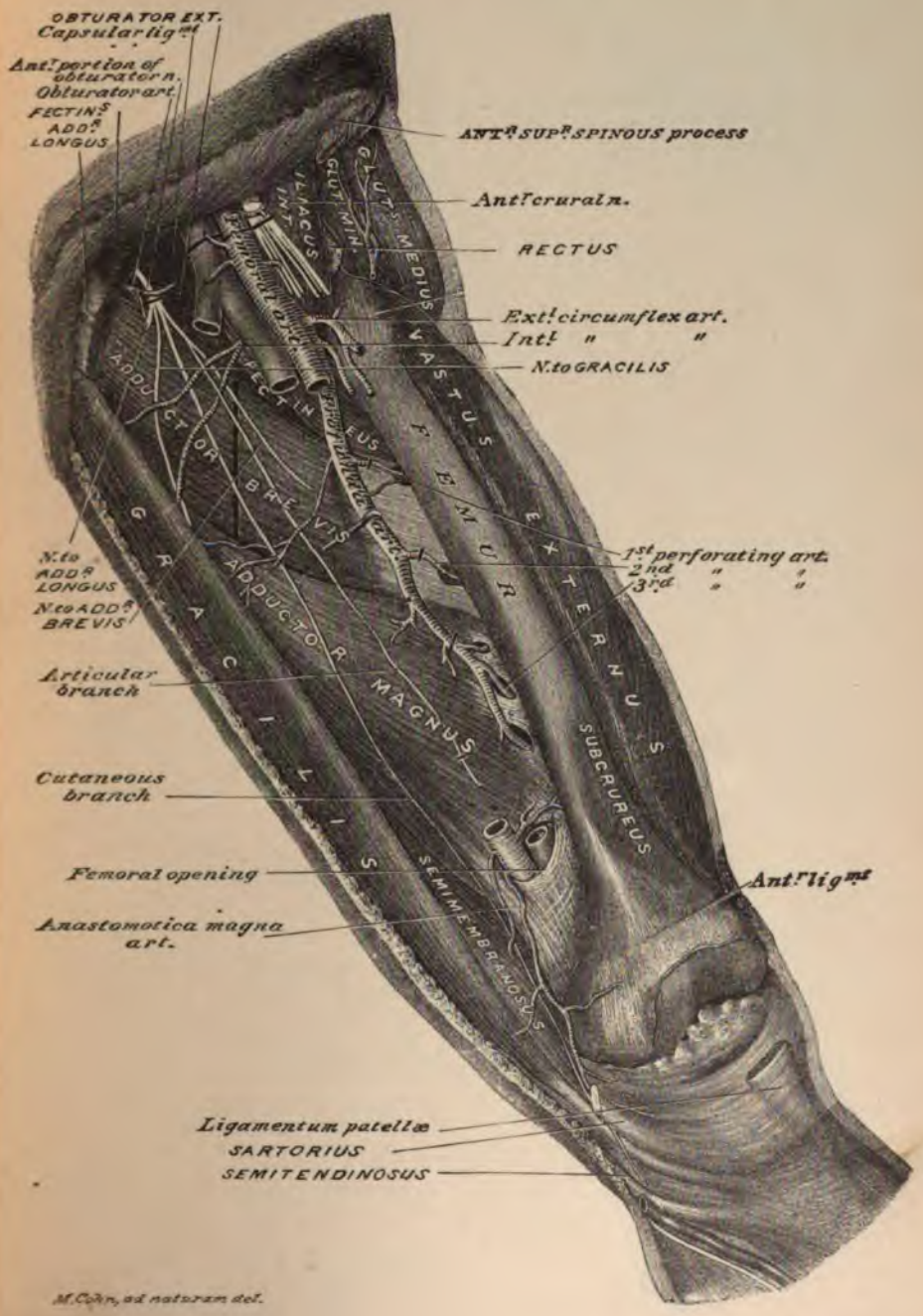
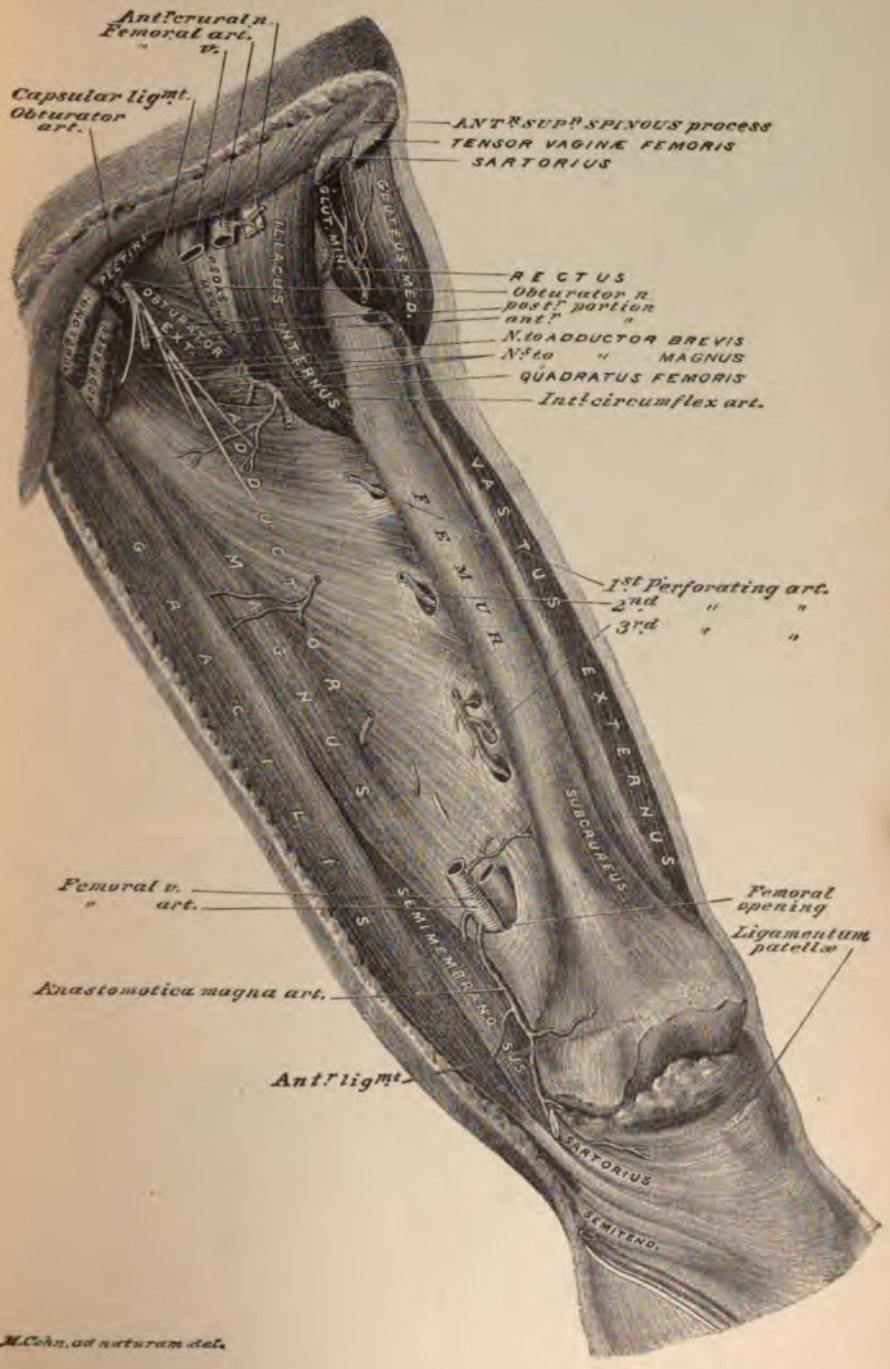

OBTURATOR EXT.
Capsular ligt
Antr portion of obturator n.
Obturator art
FECTINS
ADDR LONGUS
ANTR SUPR SPINOUS process
Antr crural n.
RECTUS
Extl circumflex art.
Intl " "
N. to GRACILIS
ILIACUS INT.
GLUTS MIN.
GLUTS MEDIUS
VASTUS
FEMUR
EXTERNUS
PECTIN
ADDUCTOR BRE VIS
1st perforating art.
2nd " "
3rd " "
N. to ADDR LONGUS
N. to ADDR BREVIS
GRACILIS
ADDUCTOR MAGNUS
Articular branch
Cutaneous branch
Femoral opening
Anastomotica magna art.
SUBCRUREUS
Antr lig
SEMIMEMBRANOSUS
Ligamentum patellæ
SARTORIUS
SEMITENDINOSUS
M. Colin, ad naturam del.

PLATE 65



M.Cohn. ad naturam del.

FIG. 2

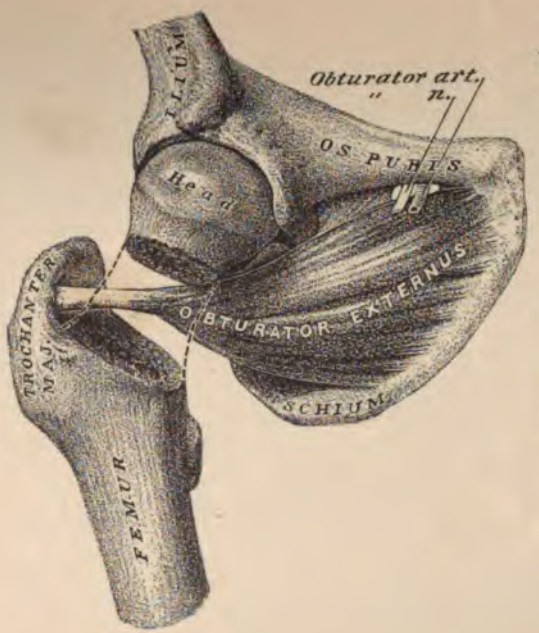
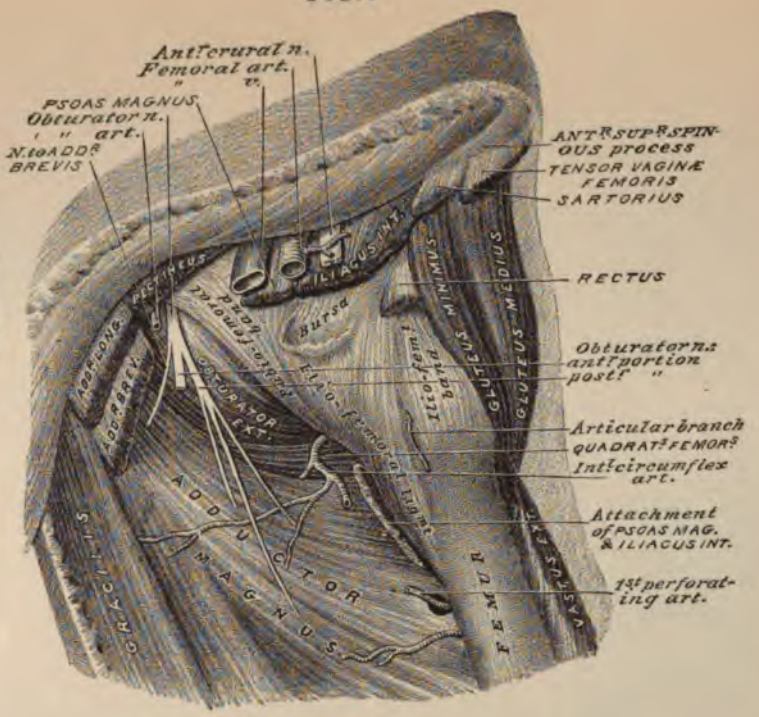


FIG. 1



M. Cohn, ad. nat. del.

PLATE 66

PLATE 67

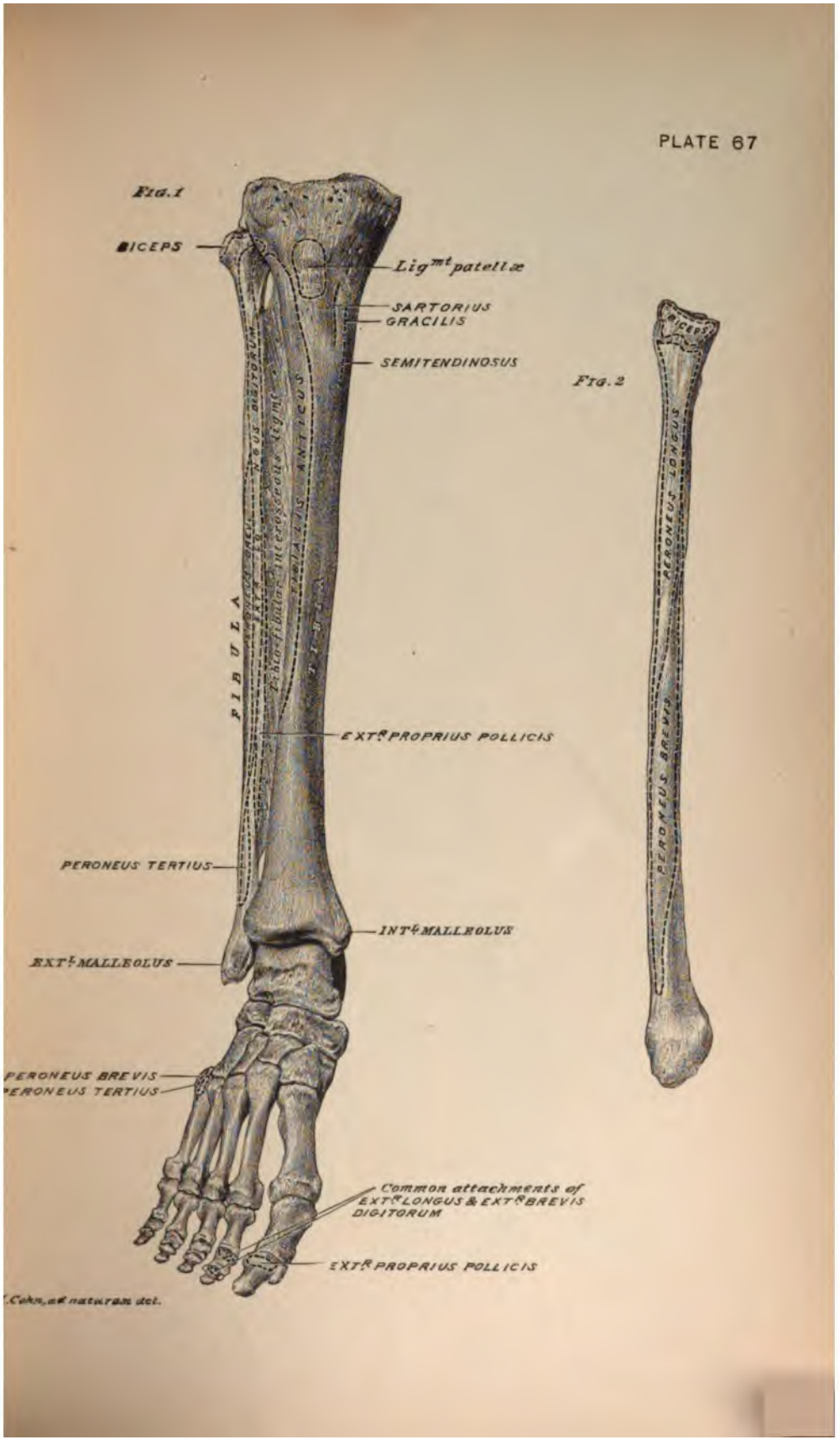
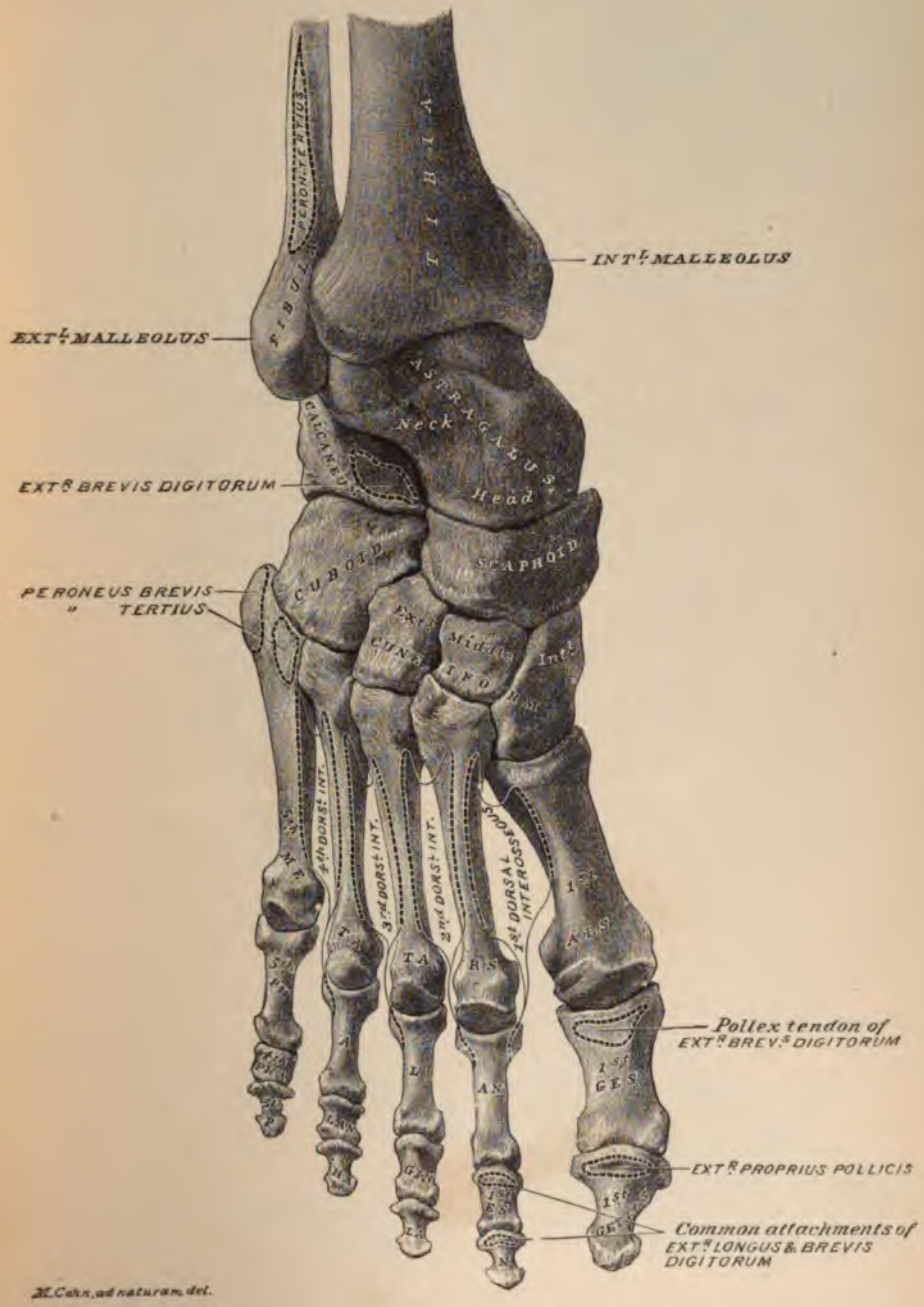
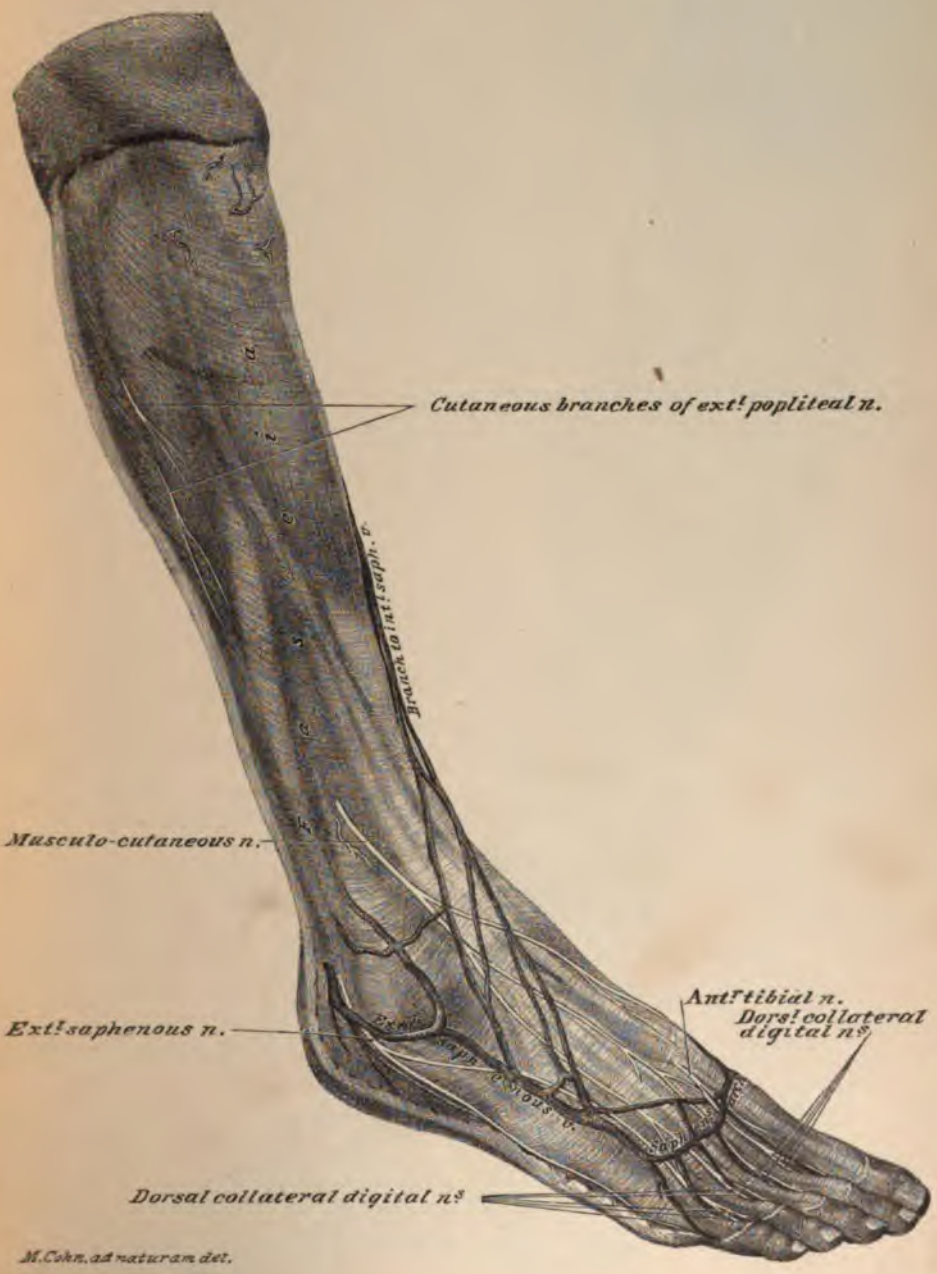


Fig. 1
BICEPS
Lig^mt patellæ
SARTORIUS
GRACILIS
SEMITENDINOSUS
FIBULA
TIBIA
EXT^R PROPRIUS POLLICIS
PERONEUS TERTIUS
INT^L MALLEOLUS
EXT^L MALLEOLUS
PERONEUS BREVIS
PERONEUS TERTIUS
Common attachments of EXT^R LONGUS & EXT^R BREVIS DIGITORUM
EXT^R PROPRIUS POLLICIS
Fig. 2
BICEPS
PERONEUS LONGUS
PERONEUS BREVIS


TIBIA
FIBULA
PERON. TERTIUS
INT.L MALLEOLUS
EXT.L MALLEOLUS
ASTRAGALUS
Neck
Head
CALCANEUS
EXT.S BREVIS DIGITORUM
CUBOID
SCAPHOID
PERONEUS BREVIS
" TERTIUS
Middle
Int.L
4th DORS.L INT.
3rd DORS.L INT.
2nd DORS.L INT.
1st DORSAL INTEROSS.US
Pollex tendon of EXT.S BREV.S DIGITORUM
EXT.R PROPRIUS POLLICIS
Common attachments of EXT.S LONGUS & BREVIS DIGITORUM
M. Cohn, ad naturam del.

[redacted]

PLATE 69


Cutaneous branches of ext! popliteal n.
Musculo-cutaneous n.
Ext! saphenous n.
Ant! tibial n.
Dors! collateral digital n?
Dorsal collateral digital n?
M. Cohn, ad naturam det.

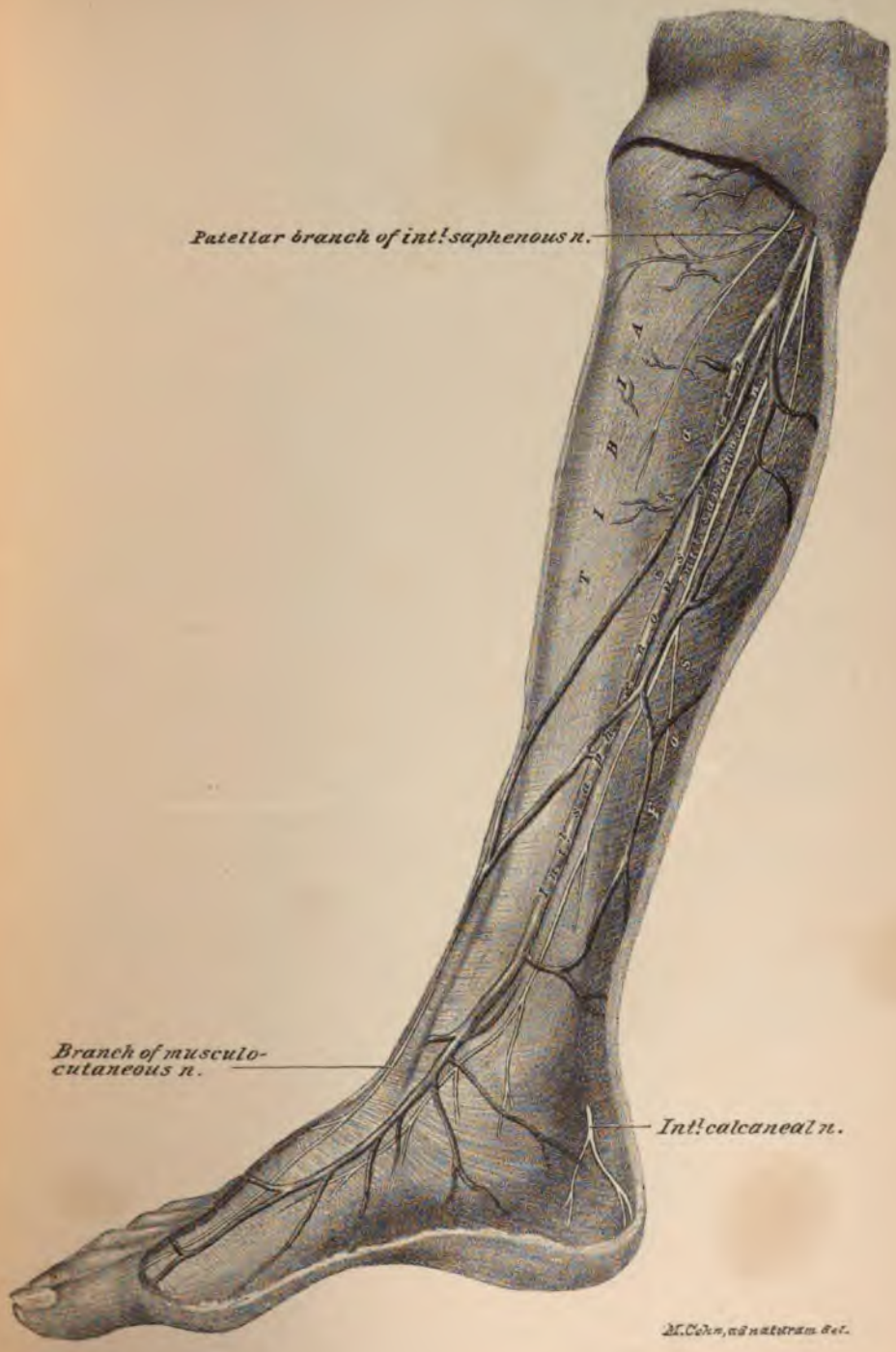

Patellar branch of int.l saphenous n.
Branch of musculo-cutaneous n.
Int.l calcaneal n.
M. Cohn, ad naturam del.

PLATE 71

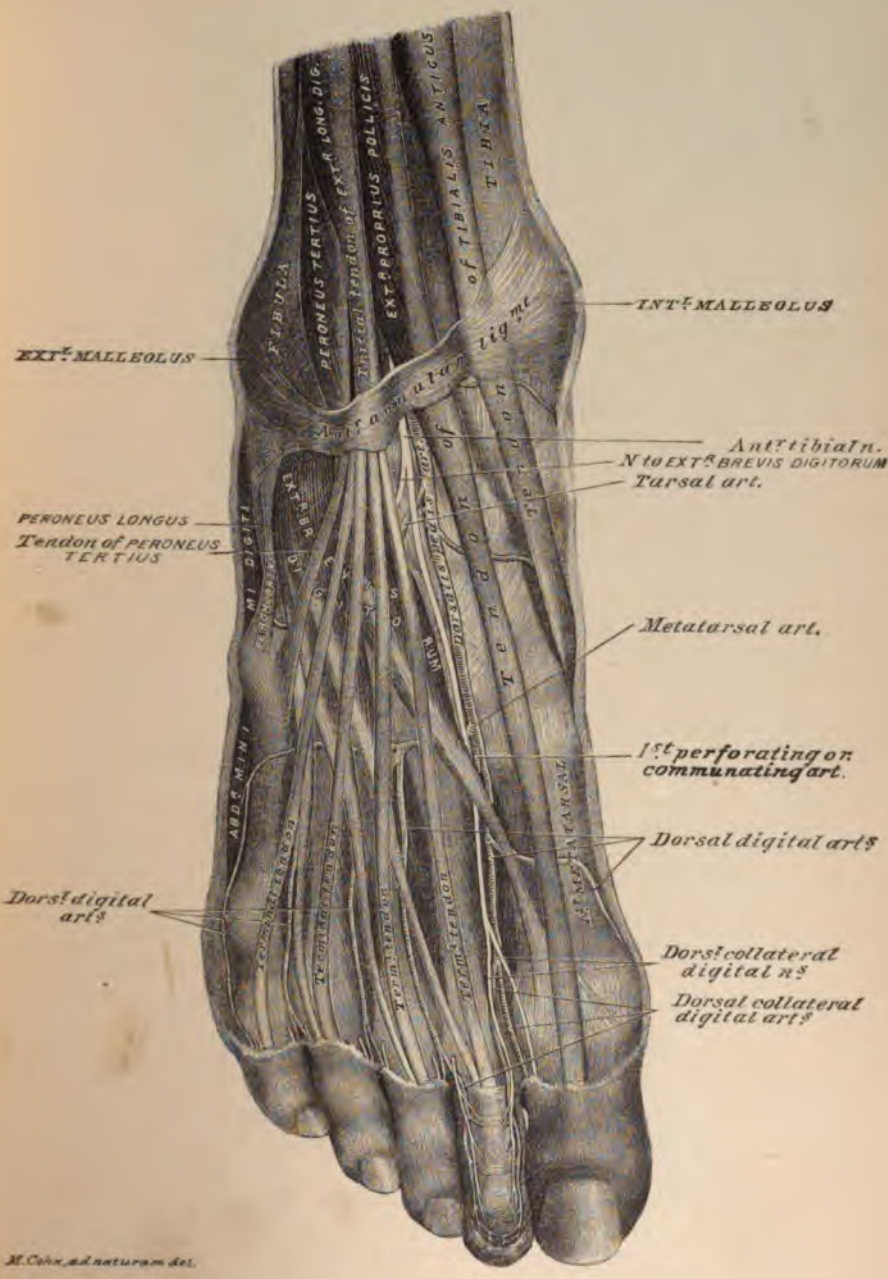

FIBULA
PERONEUS TERTIUS
Tendon of EXT.R LONG. DIG.
EXT.R PROPRIUS POLLICIS
TIBIALIS ANTICUS
TIBIA
INT.L MALLEOLUS
EXT.L MALLEOLUS
Ant.r tibial n.
N to EXT.R BREVIS DIGITORUM
Tarsal art.
PERONEUS LONGUS
Tendon of PERONEUS TERTIUS
Metatarsal art.
1st perforating or communating art.
Dorsal digital arts
Dors.l digital arts
Dors.l collateral digital ns
Dorsal collateral digital arts
M. Cohn, ad naturam del.

PLATE 72

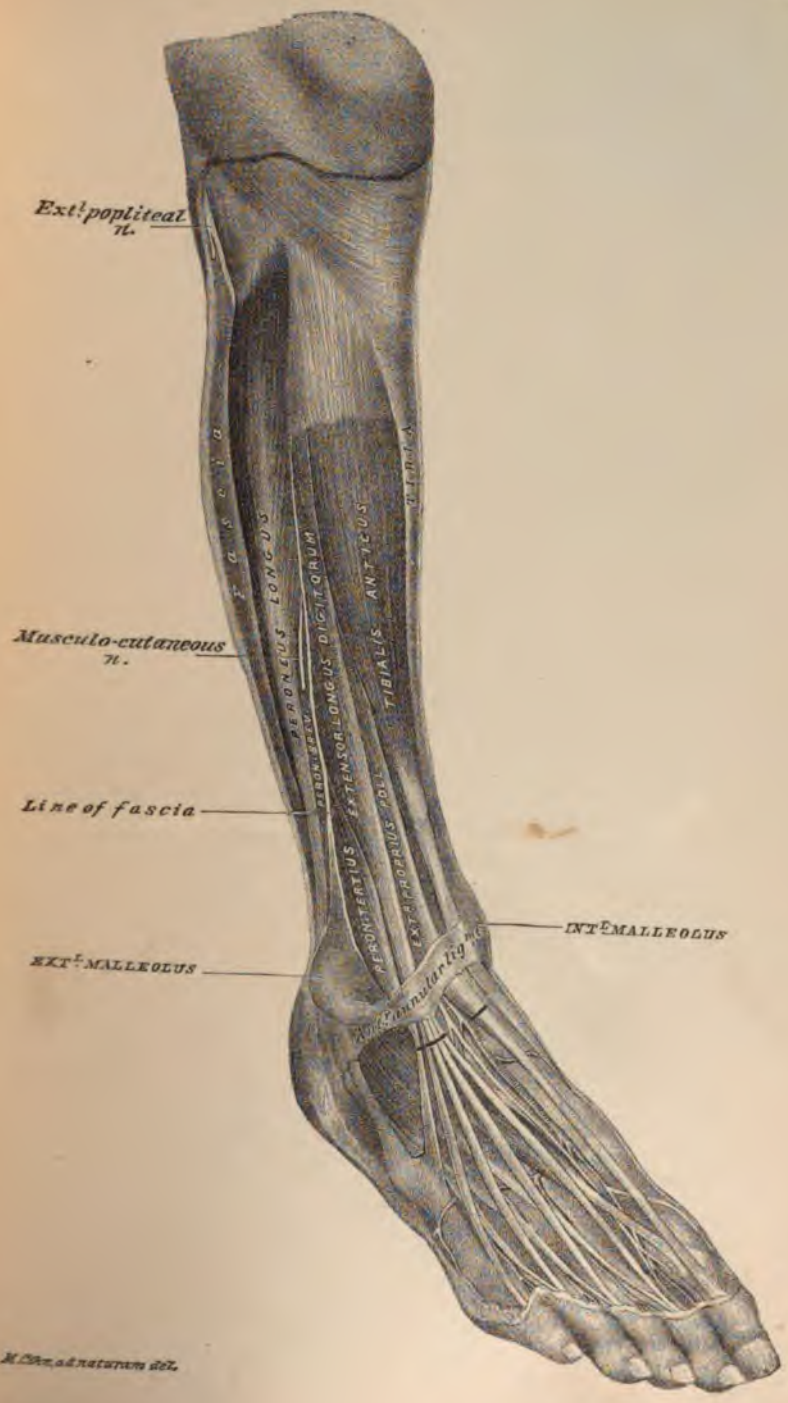
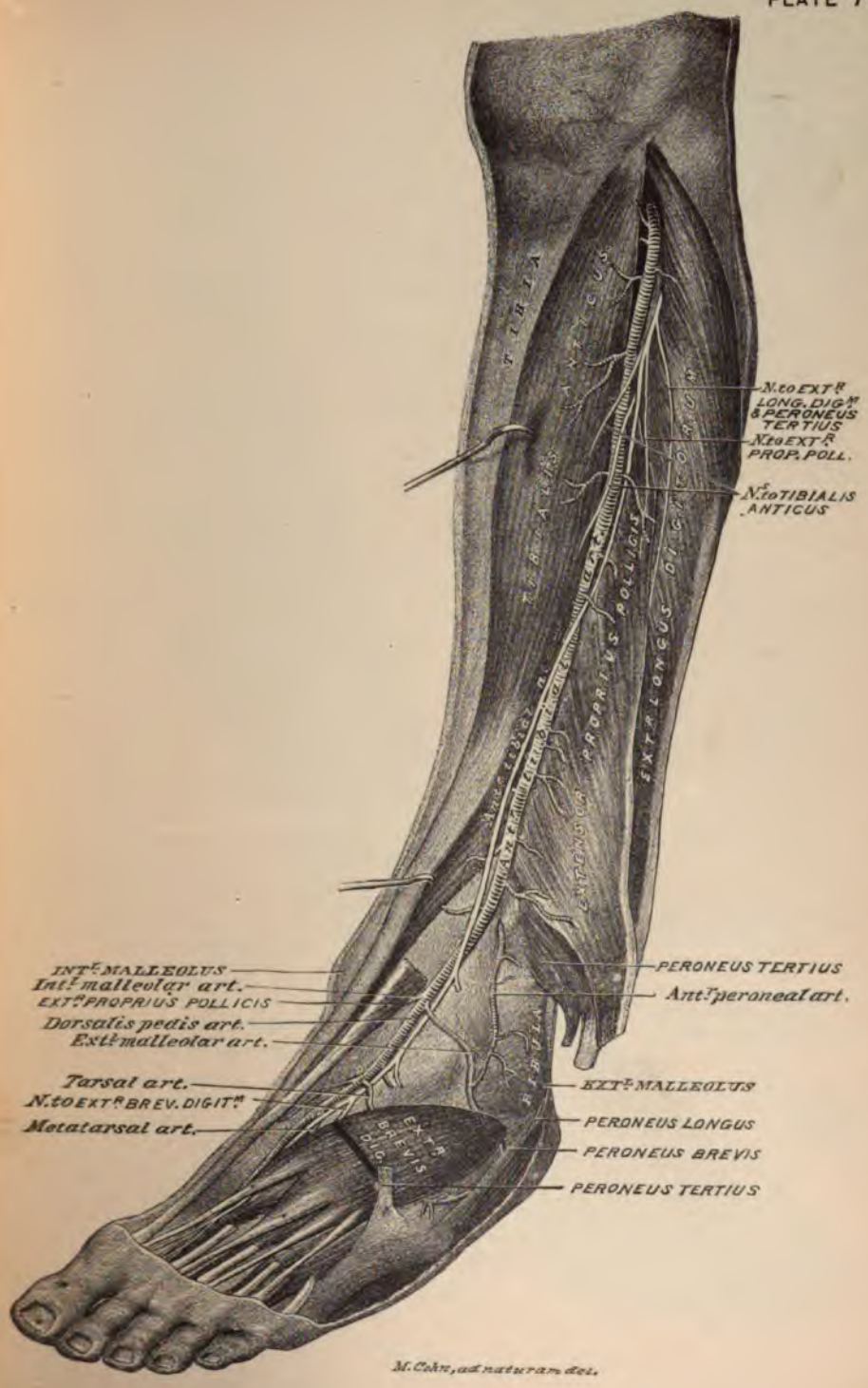
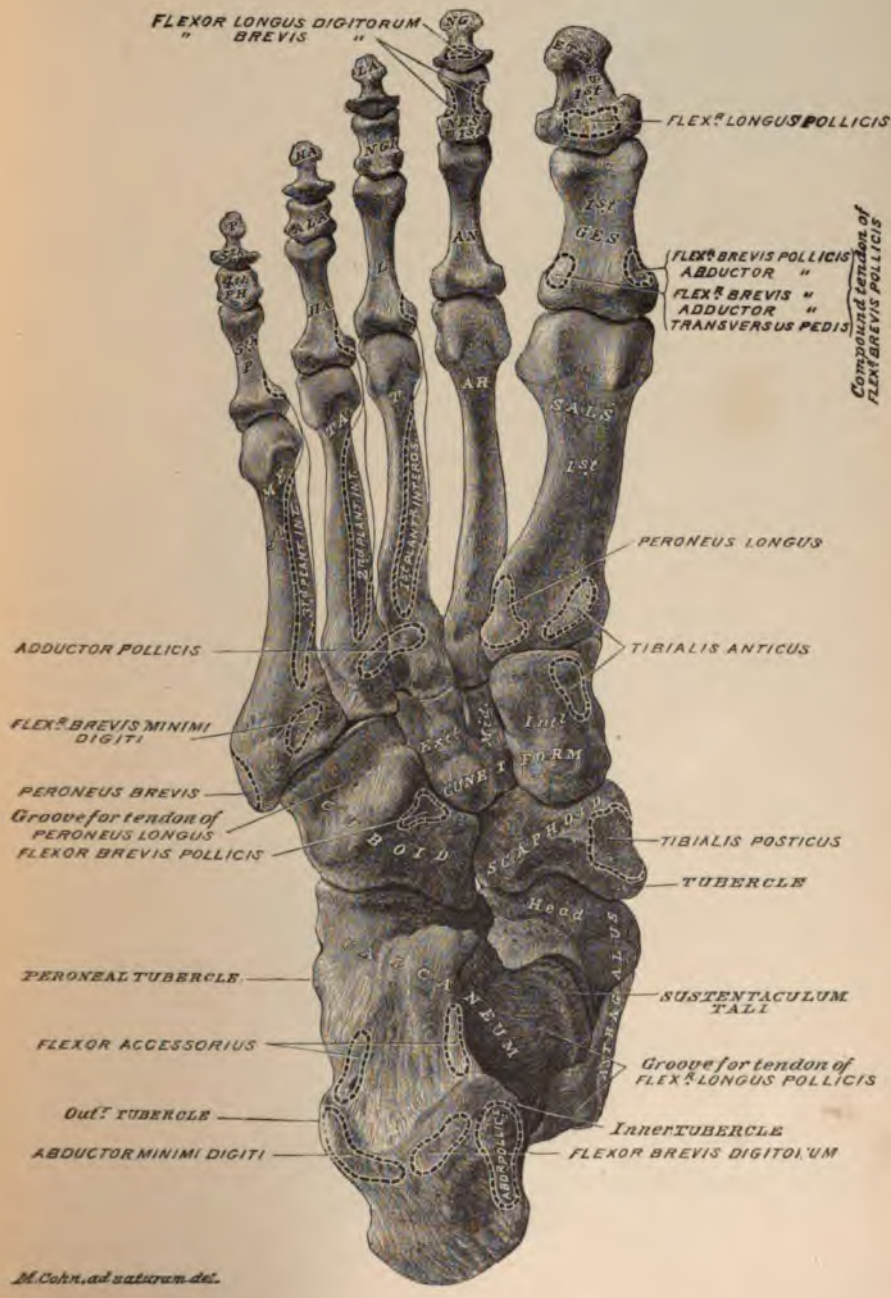

Ext.l popliteal n.
Musculo-cutaneous n.
Line of fascia
EXT.L MALLEOLUS
INT.L MALLEOLUS
PERONEUS LONGUS
PERONEUS BREVIS
EXTENSOR LONGUS DIGITORUM
TIBIALIS ANTICUS
EXTENSOR PROPRIUS POLLICIS
PERONEUS TERTIUS
Ligt annulare
M. Bramati naturam del.

PLATE 73



M. Cohn, ad naturam del.

M. Cohn, ad naturam del.


FLEXOR LONGUS DIGITORUM
" BREVIS "
FLEX.R LONGUS POLLICIS
FLEX.R BREVIS POLLICIS
ABDUCTOR "
FLEX.R BREVIS "
ADDUCTOR "
TRANSVERSUS PEDIS
Compound tendon of FLEX.R BREVIS POLLICIS
PERONEUS LONGUS
TIBIALIS ANTICUS
ADDUCTOR POLLICIS
FLEX.R BREVIS MINIMI DIGITI
PERONEUS BREVIS
Groove for tendon of PERONEUS LONGUS
FLEXOR BREVIS POLLICIS
TIBIALIS POSTICUS
TUBERCLE
PERONEAL TUBERCLE
SUSTENTACULUM TALI
FLEXOR ACCESSORIUS
Groove for tendon of FLEX.R LONGUS POLLICIS
Out.r TUBERCLE
Inner TUBERCLE
ABDUCTOR MINIMI DIGITI
FLEXOR BREVIS DIGITORUM
M. Cohn, ad naturam del.

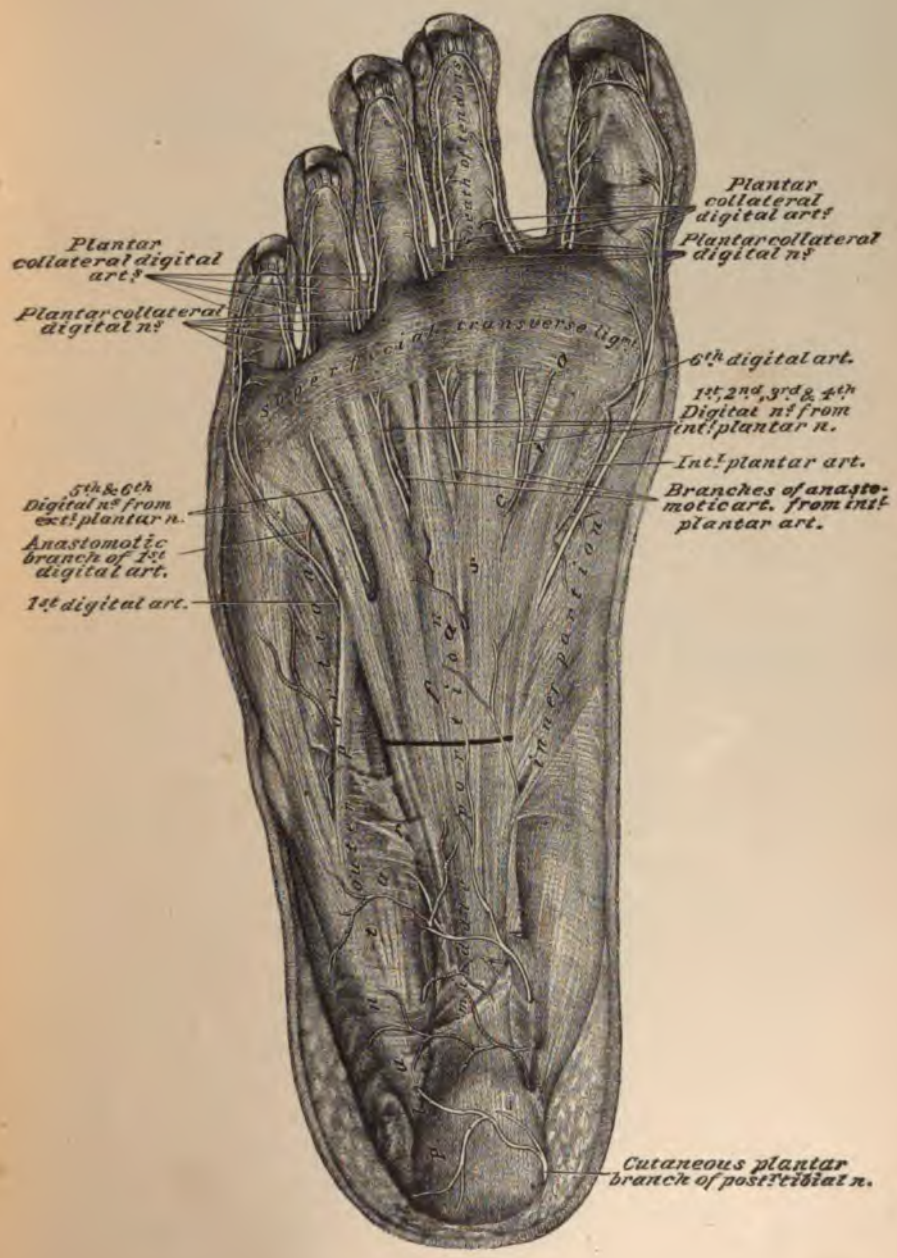

Plantar collateral digital art.ˢ
Plantar collateral digital nˢ
Plantar collateral digital art.ˢ
Plantar collateral digital nˢ
6th digital art.
1st, 2nd, 3rd & 4th Digital nˢ from int.l plantar n.
Int.l plantar art.
Branches of anastomotic art. from int.l plantar art.
5th & 6th Digital nˢ from ext.l plantar n.
Anastomotic branch of 1st digital art.
1st digital art.
Cutaneous plantar branch of post.r tibial n.

PLATE 77

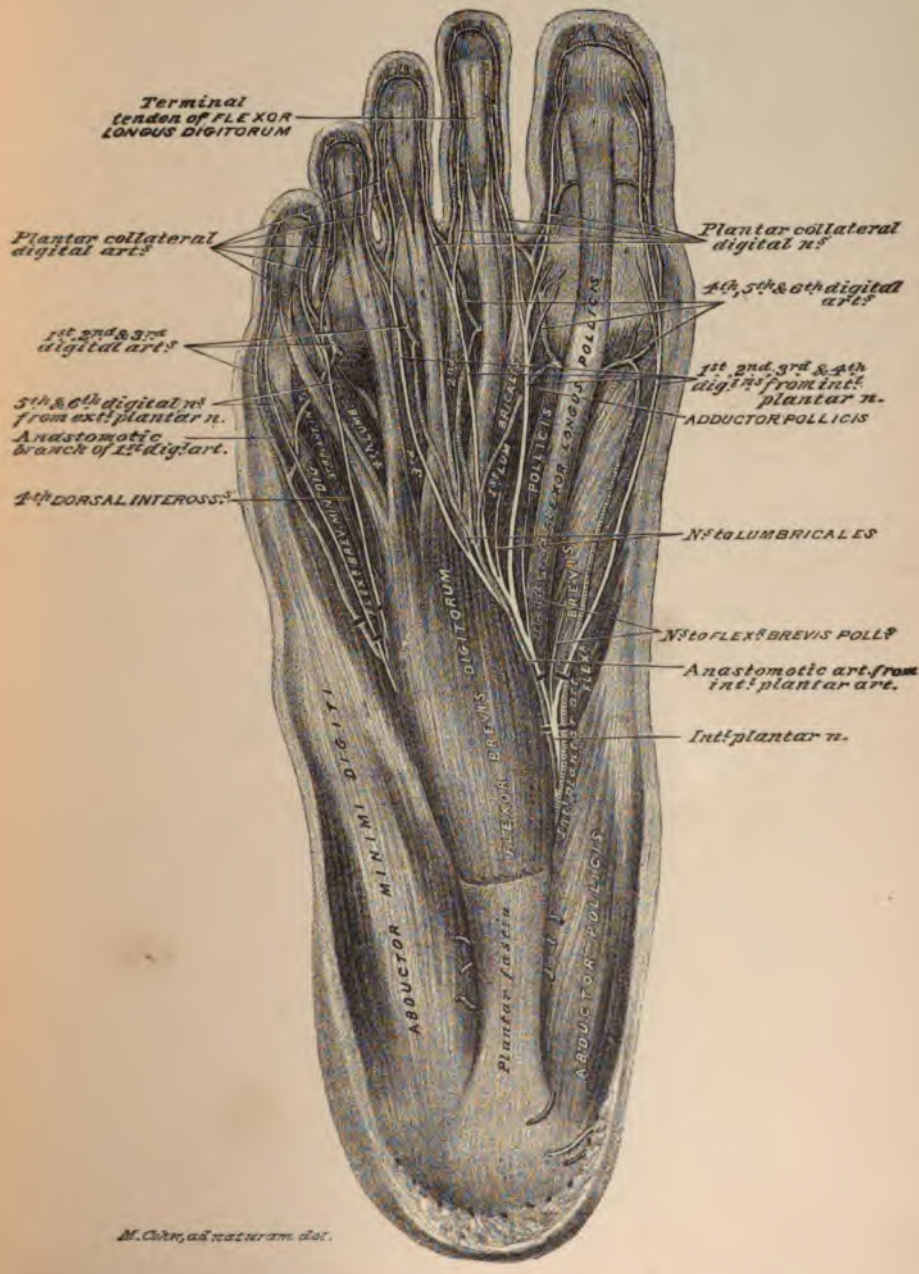
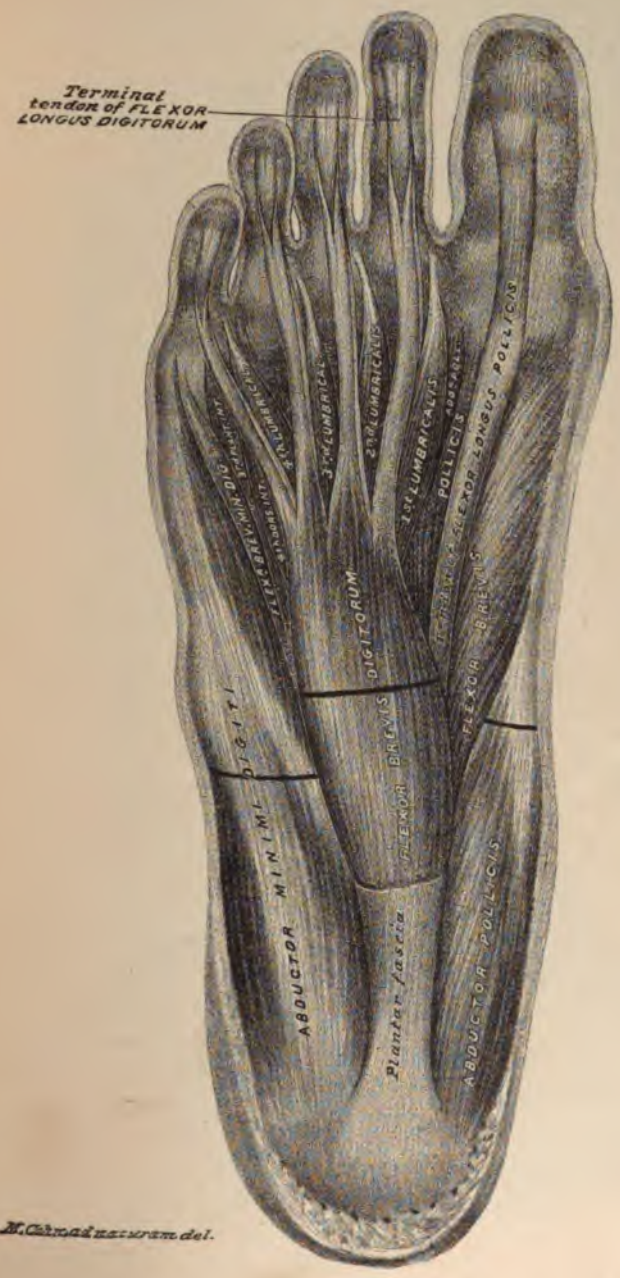

Terminal tendon of FLEXOR LONGUS DIGITORUM
Plantar collateral digital artˢ
1st, 2nd & 3rd digital artˢ
5th & 6th digital nˢ from extˡ plantar n.
Anastomotic branch of 1st digˡ art.
4th DORSAL INTEROSSˢ
Plantar collateral digital nˢ
4th, 5th & 6th digital artˢ
1st, 2nd, 3rd & 4th digitˡ nˢ from intˡ plantar n.
ADDUCTOR POLLICIS
Nˢ to LUMBRICALES
Nˢ to FLEXˢ BREVIS POLLˢ
Anastomotic art. from intˡ plantar art.
Intˡ plantar n.
ABDUCTOR MINIMI DIGITI
FLEXOR BREVIS DIGITORUM
Plantar fascia
ABDUCTOR POLLICIS
FLEXOR LONGUS POLLICIS
FLEXOR BREVIS POLLICIS
M. Clark, ad naturam del.

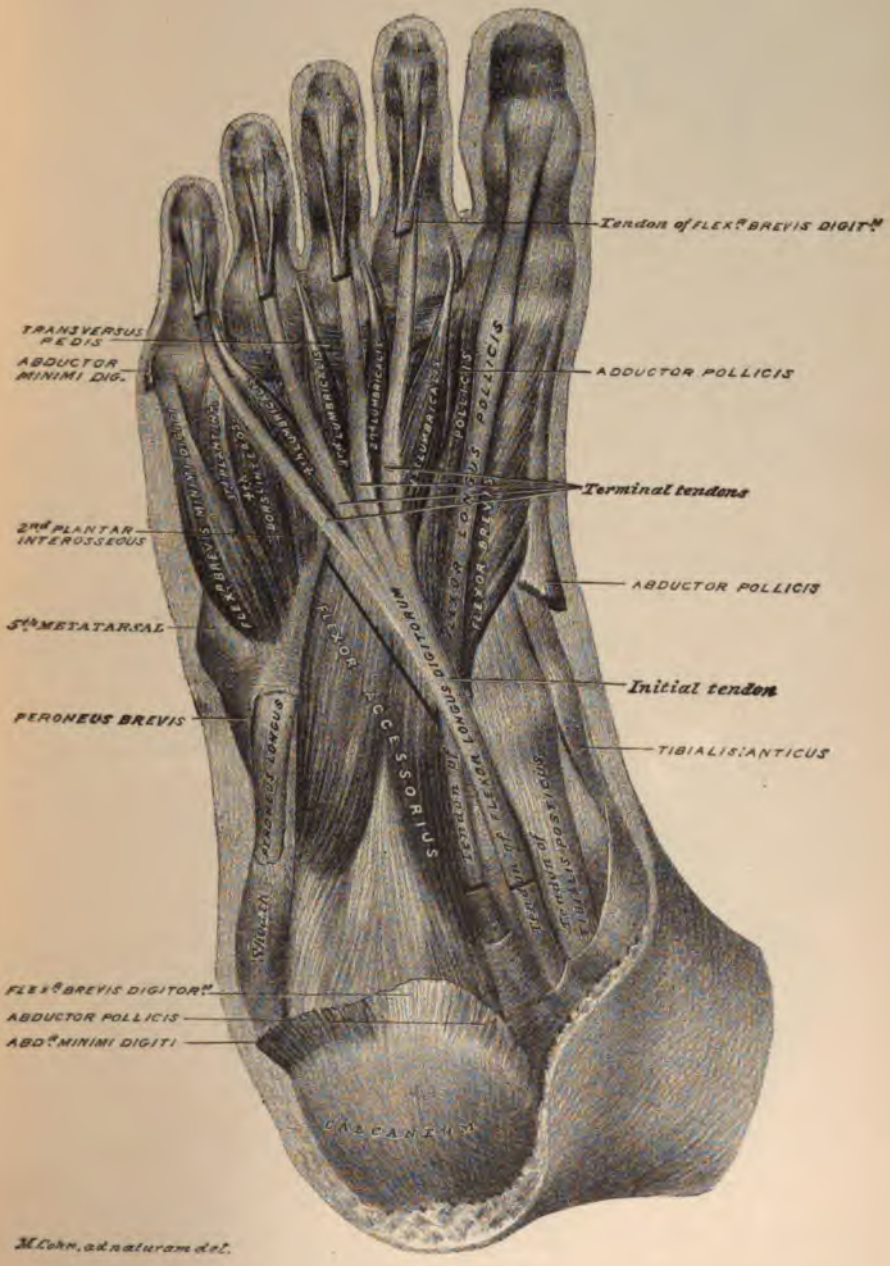
PLATE 78.



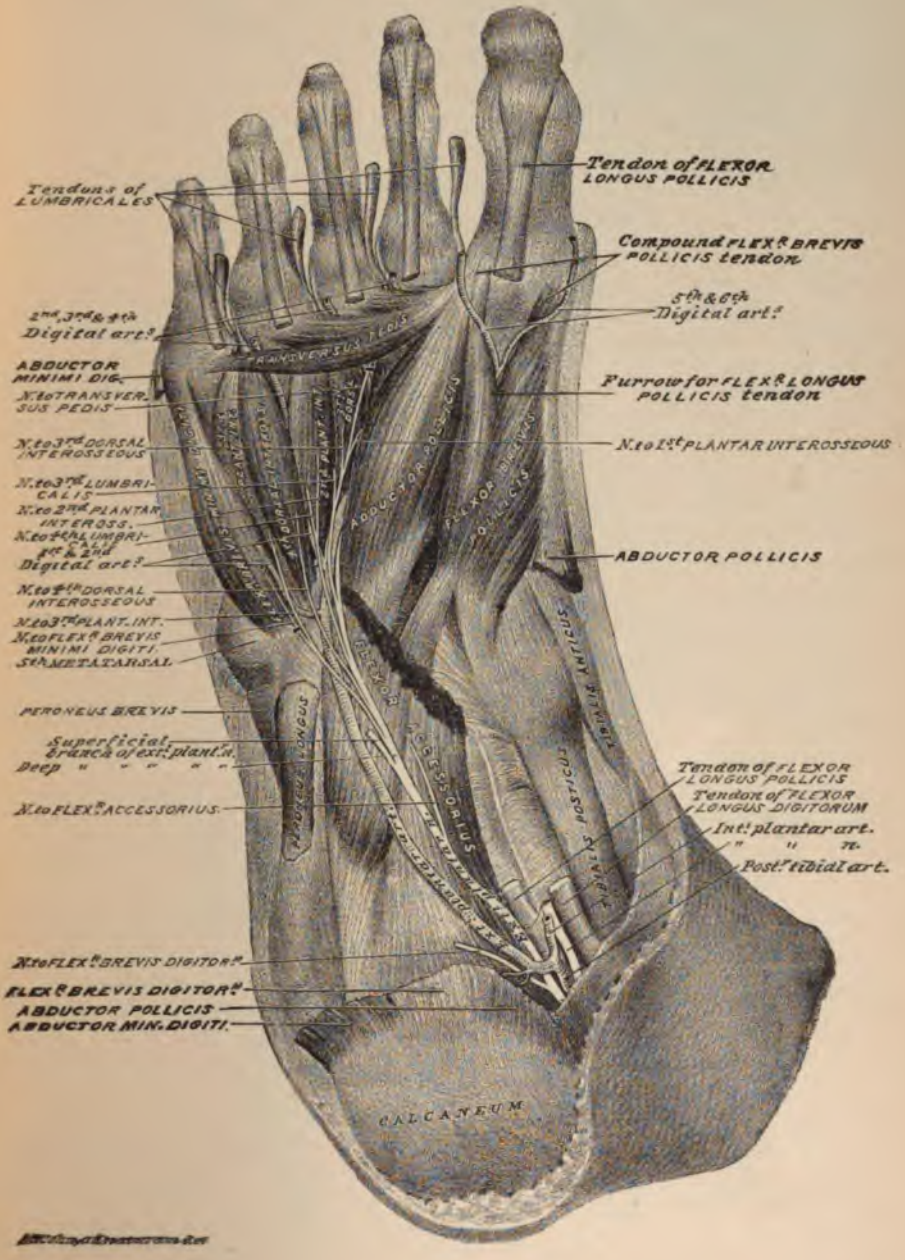
M. Chinaglia cum del.

M. Cohn-ad. ex aturam del.

PLATE 80



M. Cohn, ad naturam del.


Tendons of LUMBRICALES
Tendon of FLEXOR LONGUS POLLICIS
Compound FLEX.R BREVIS POLLICIS tendon
2nd, 3rd & 4th Digital art.s
5th & 6th Digital art.s
ABDUCTOR MINIMI DIG.
N. to TRANSVERSUS PEDIS
Furrow for FLEX.R LONGUS POLLICIS tendon
N. to 3rd DORSAL INTEROSSEOUS
N. to 1st PLANTAR INTEROSSEOUS
N. to 3rd LUMBRICALIS
N. to 2nd PLANTAR INTEROSS.
N. to 4th, LUMBRICALIS & 2nd Digital art.s
ABDUCTOR POLLICIS
N. to 1st DORSAL INTEROSSEOUS
N. to 3rd PLANT. INT.
N. to FLEX.R BREVIS MINIMI DIGITI.
5th METATARSAL
PERONEUS BREVIS
Superficial branch of ext.l plant.r n.
Deep " " " " "
Tendon of FLEXOR LONGUS POLLICIS
Tendon of FLEXOR LONGUS DIGITORUM
Int.l plantar art.
" " n.
Post.r tibial art.
N. to FLEX.R ACCESSORIUS
N. to FLEX.R BREVIS DIGITOR.m
FLEX.R BREVIS DIGITOR.m
ABDUCTOR POLLICIS
ABDUCTOR MIN. DIGITI
CALCANEUM

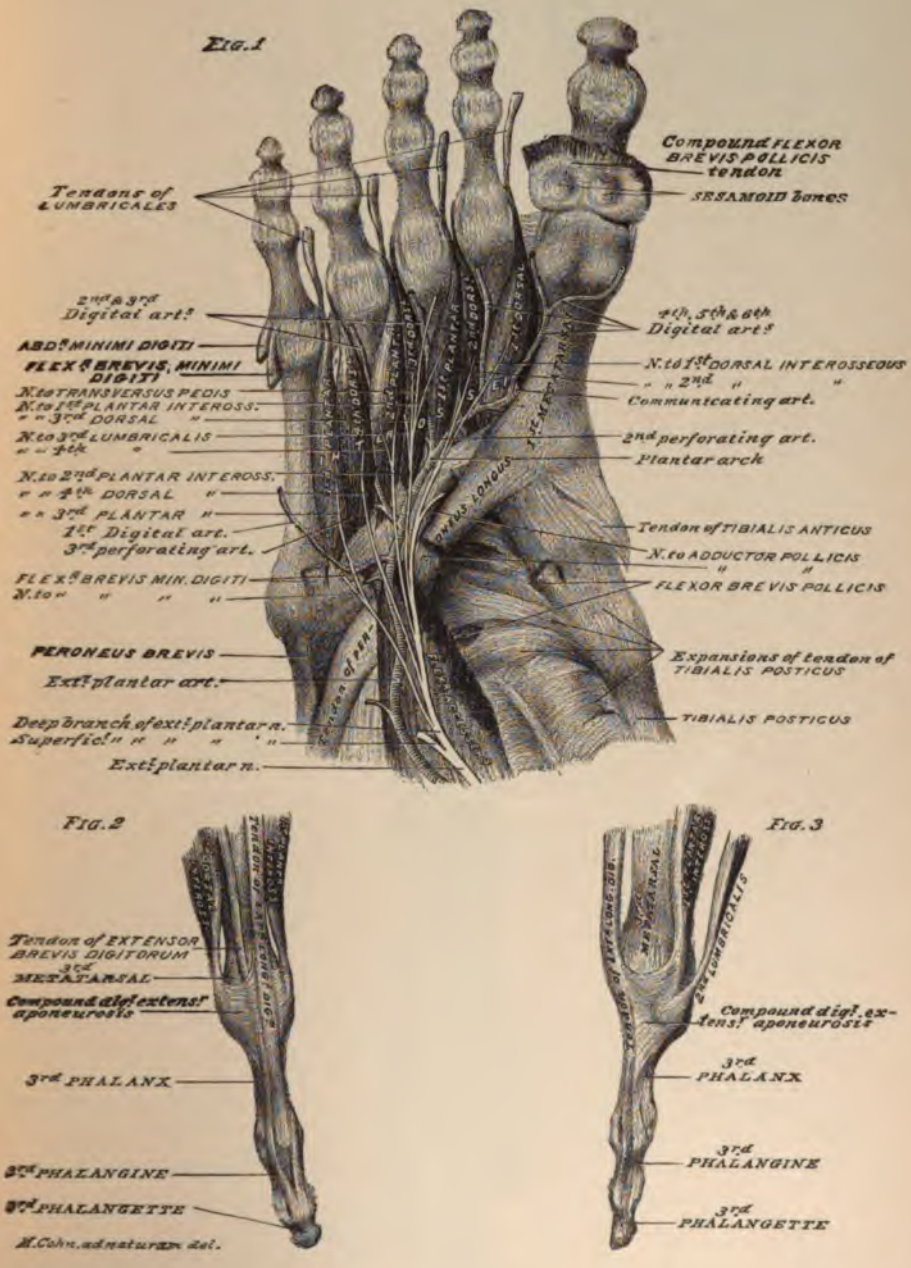


Fig. 1
Compound FLEXOR BREVIS POLLICIS tendon
SESAMOID bones
Tendons of LUMBRICALES
2nd & 3rd Digital art.s
4th, 5th & 6th Digital art.s
ABD.r MINIMI DIGITI
FLEX.r BREVIS, MINIMI DIGITI
N. to 1st DORSAL INTEROSSEOUS
" " 2nd " "
N. to TRANSVERSUS PEDIS
N. to 1st PLANTAR INTEROSS.
" " 3rd DORSAL "
Communicating art.
N. to 3rd LUMBRICALIS
" " 4th "
2nd perforating art.
Plantar arch
N. to 2nd PLANTAR INTEROSS.
" " 4th DORSAL "
" " 3rd PLANTAR "
Tendon of TIBIALIS ANTICUS
1st Digital art.
N. to ADDUCTOR POLLICIS
3rd perforating art.
" " "
FLEX.r BREVIS MIN. DIGITI
FLEXOR BREVIS POLLICIS
N. to " " " "
PERONEUS BREVIS
Expansions of tendon of TIBIALIS POSTICUS
Ext.l plantar art.
Deep branch of ext.l plantar n.
TIBIALIS POSTICUS
Superfic.l " " " "
Ext.l plantar n.
Fig. 2
Tendon of EXTENSOR BREVIS DIGITORUM
3rd METATARSAL
Compound digl extens.r aponeurosis
3rd PHALANX
3rd PHALANGINE
3rd PHALANGETTE
M. Cohn. ad naturam del.
Fig. 3
Compound digl. extens.r aponeurosis
3rd PHALANX
3rd PHALANGINE
3rd PHALANGETTE

PLATE 83

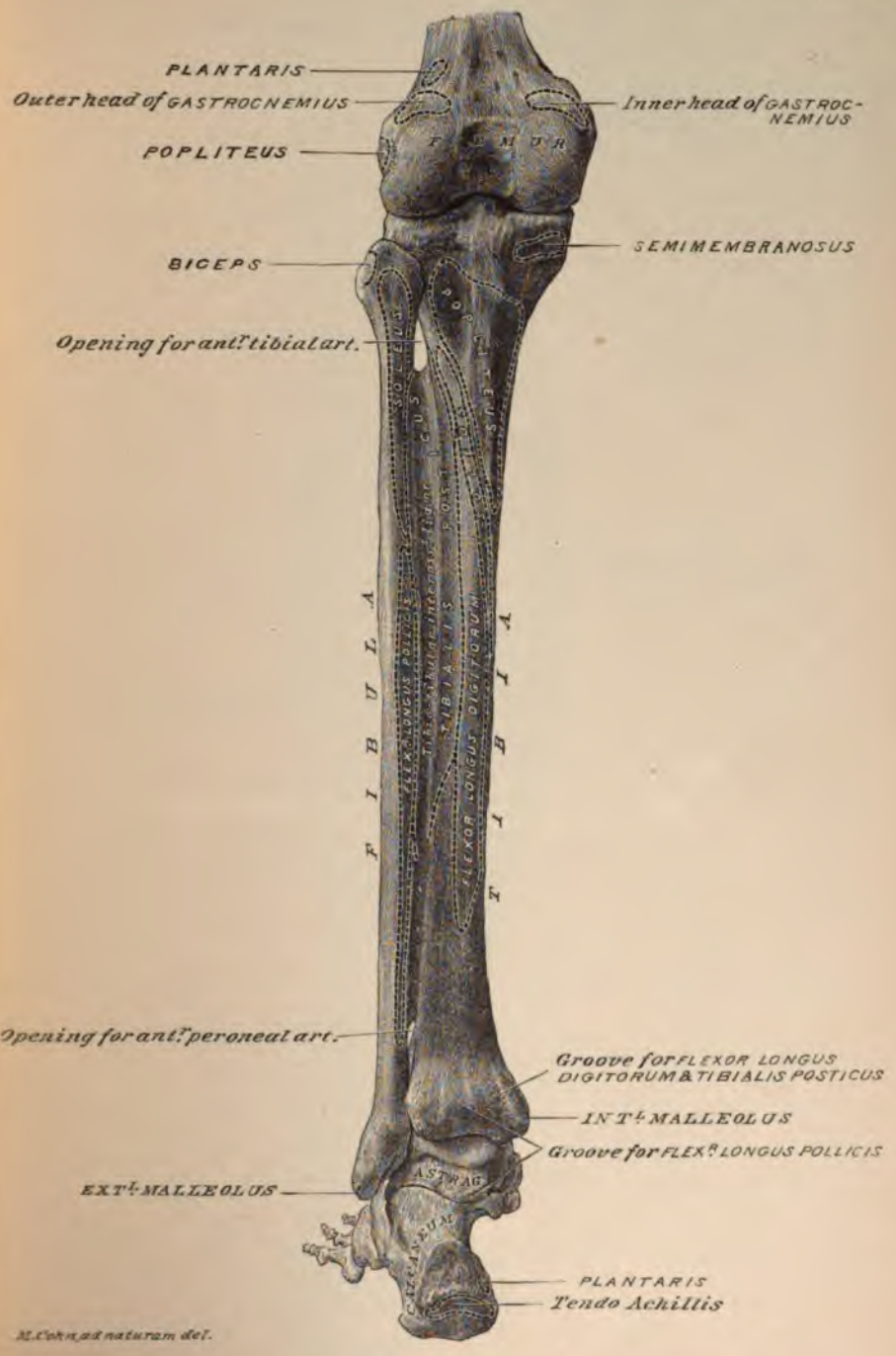

PLANTARIS
Outer head of GASTROCNEMIUS
POPLITEUS
BICEPS
Opening for ant.r tibial art.
Opening for ant.r peroneal art.
EXT.l MALLEOLUS
Inner head of GASTROC-NEMIUS
SEMIMEMBRANOSUS
Groove for FLEXOR LONGUS DIGITORUM & TIBIALIS POSTICUS
INT.l MALLEOLUS
Groove for FLEX.r LONGUS POLLICIS
PLANTARIS
Tendo Achillis
FIBULA
TIBIA
FEMUR
ASTRAG.
CALCANEUM
M. Cohn ad naturam del.

PLATE 84

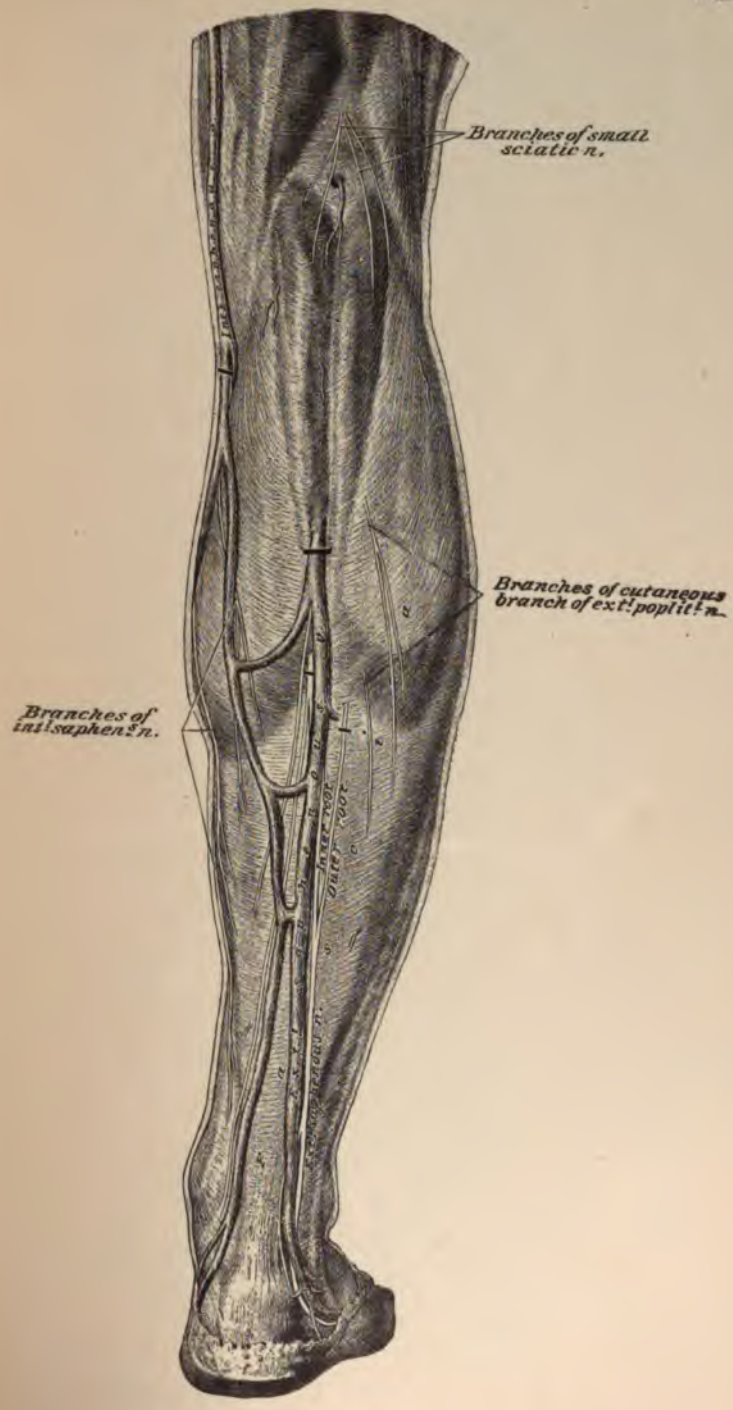
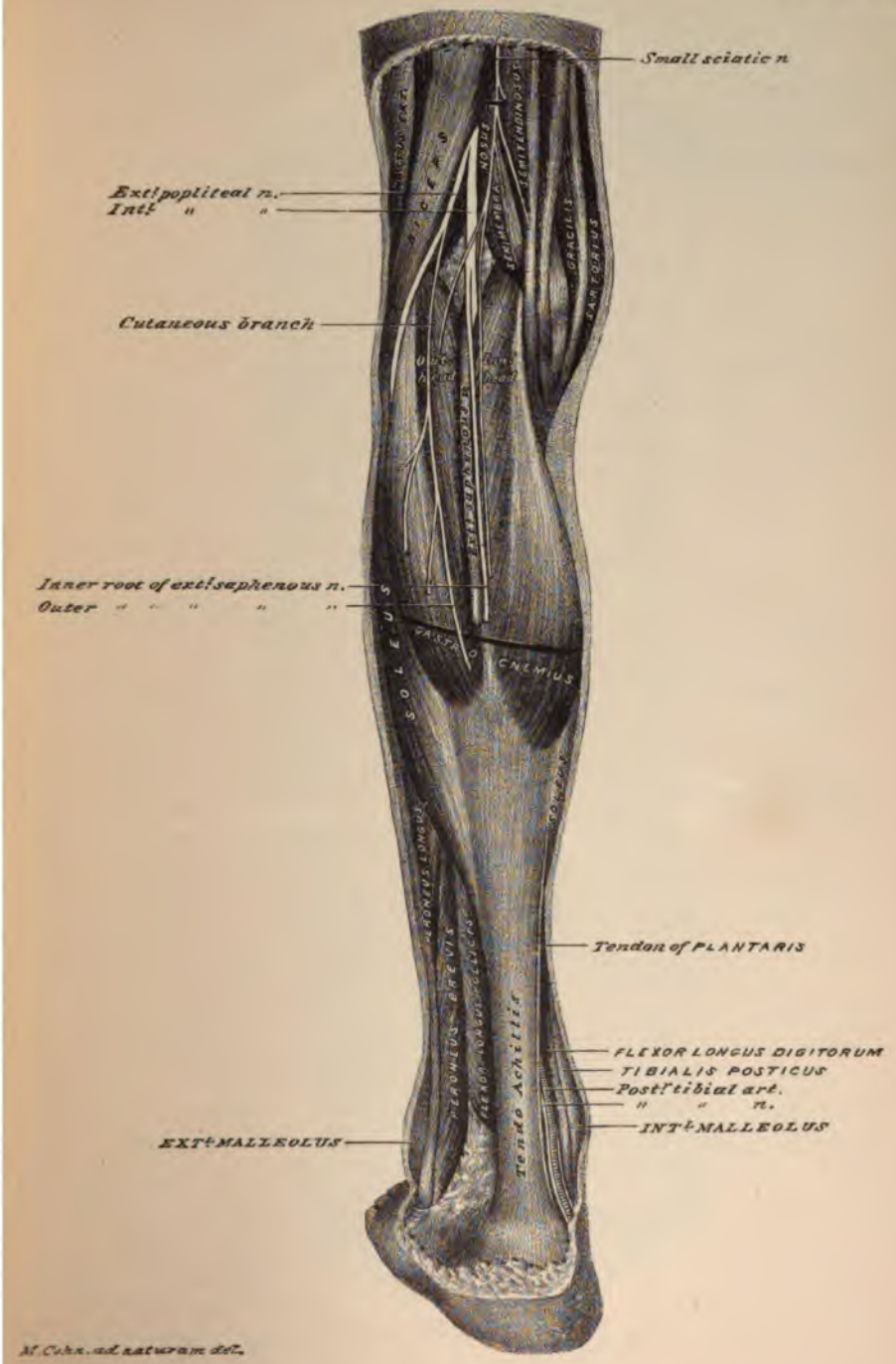
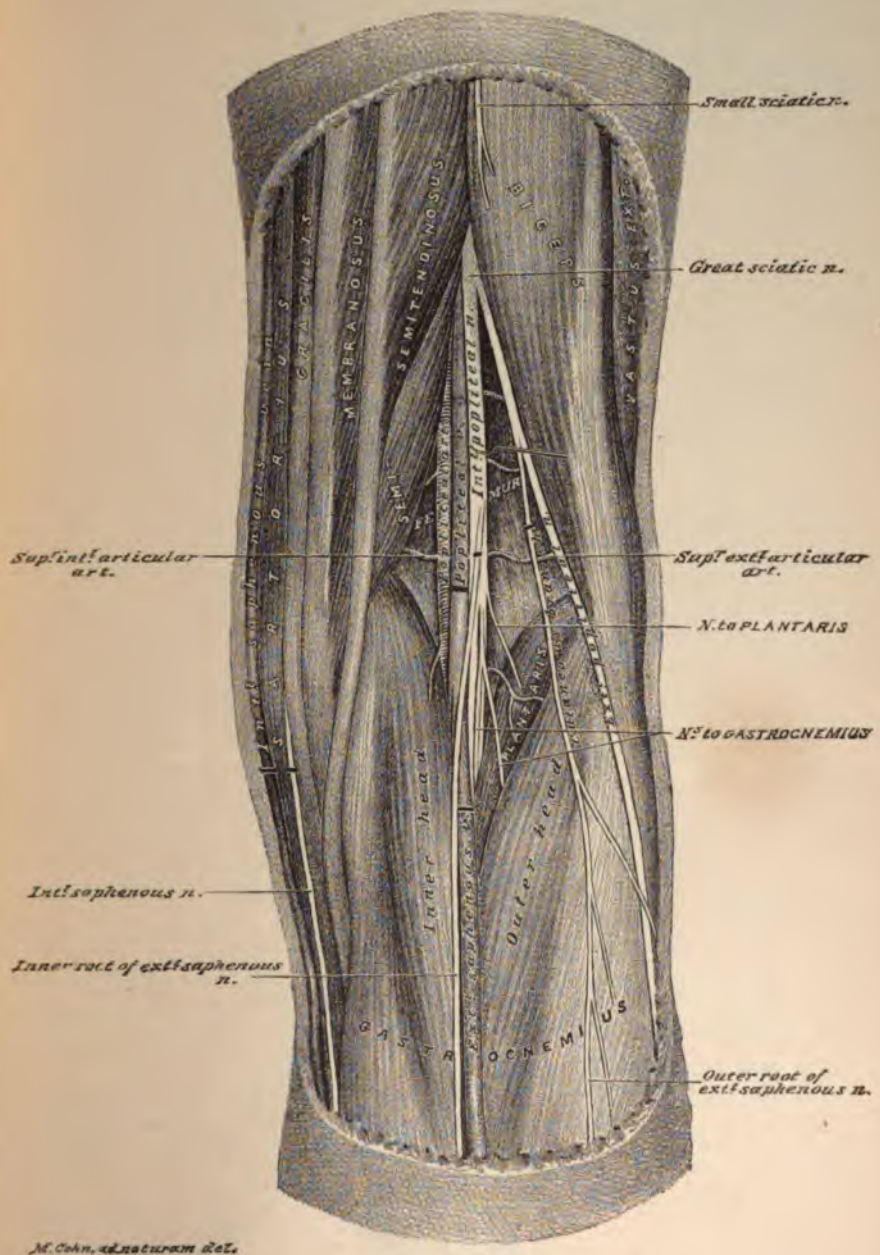

Branches of small sciatic n.
Branches of cutaneous branch of ext.l popliteal n.
Branches of int.l saphen.a n.

PLATE 85



M. Cohn. ad naturam del.

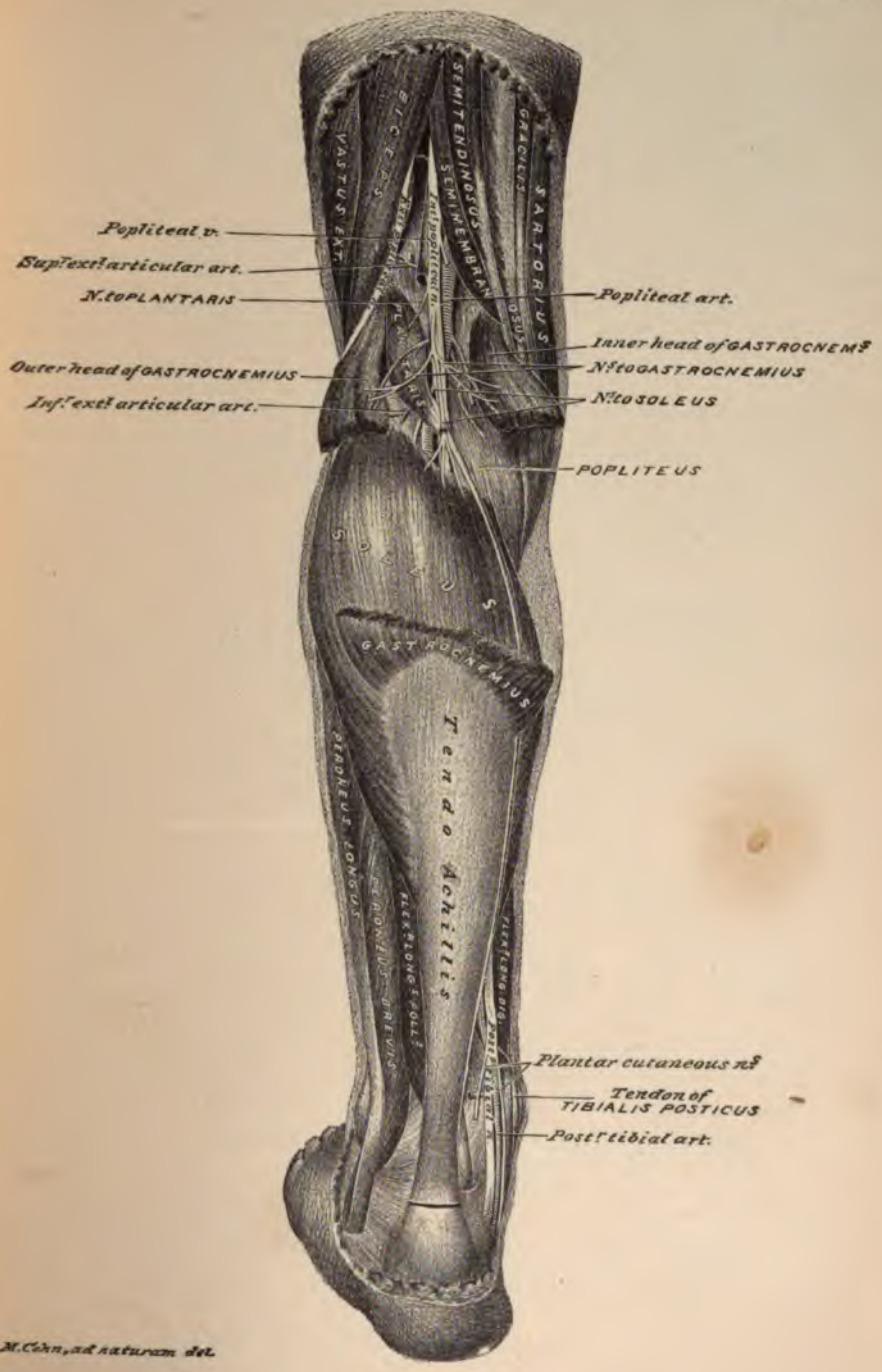
PLATE 86



M. Cohn, ad naturam del.

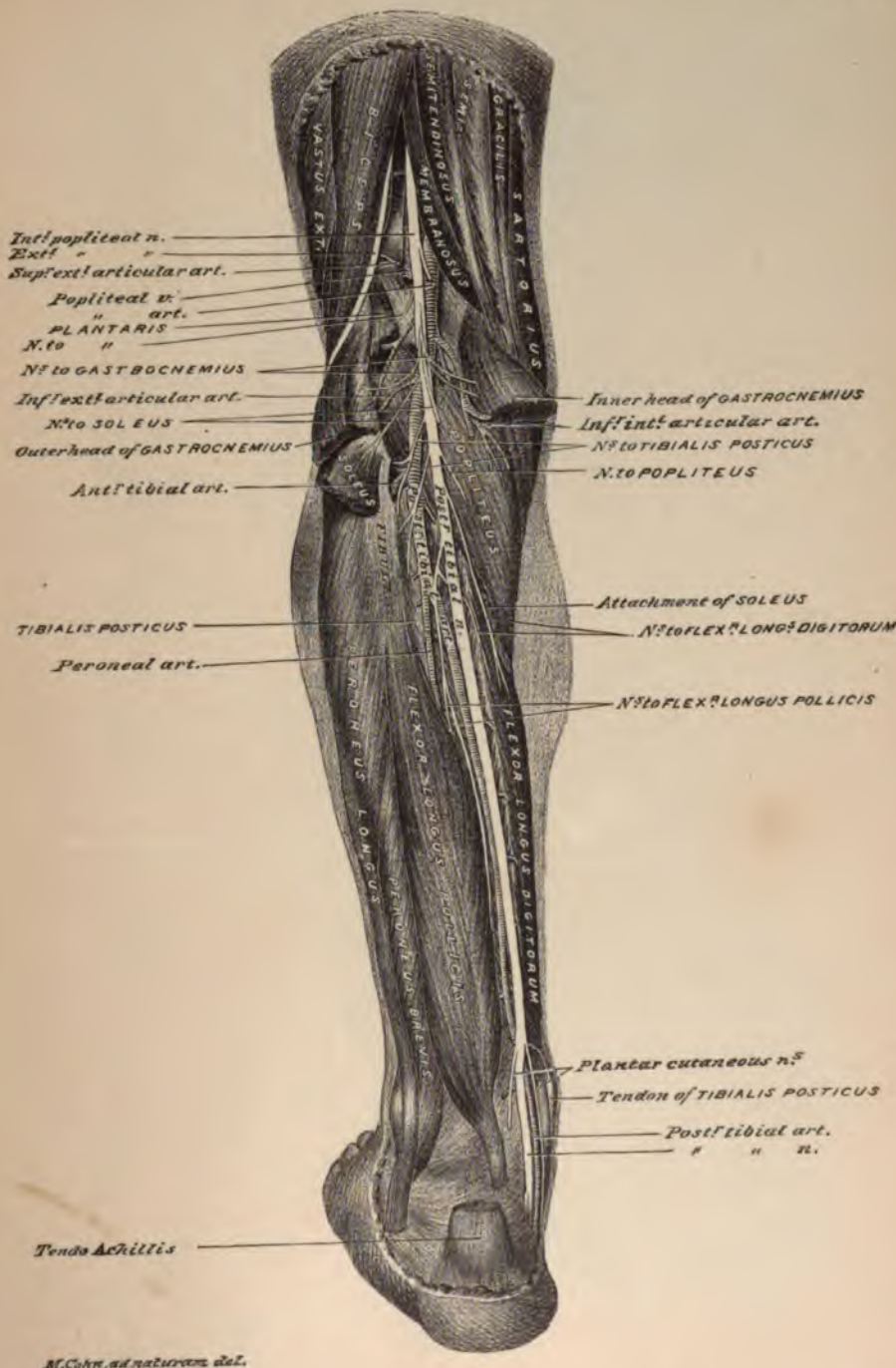
[redacted]

PLATE 87



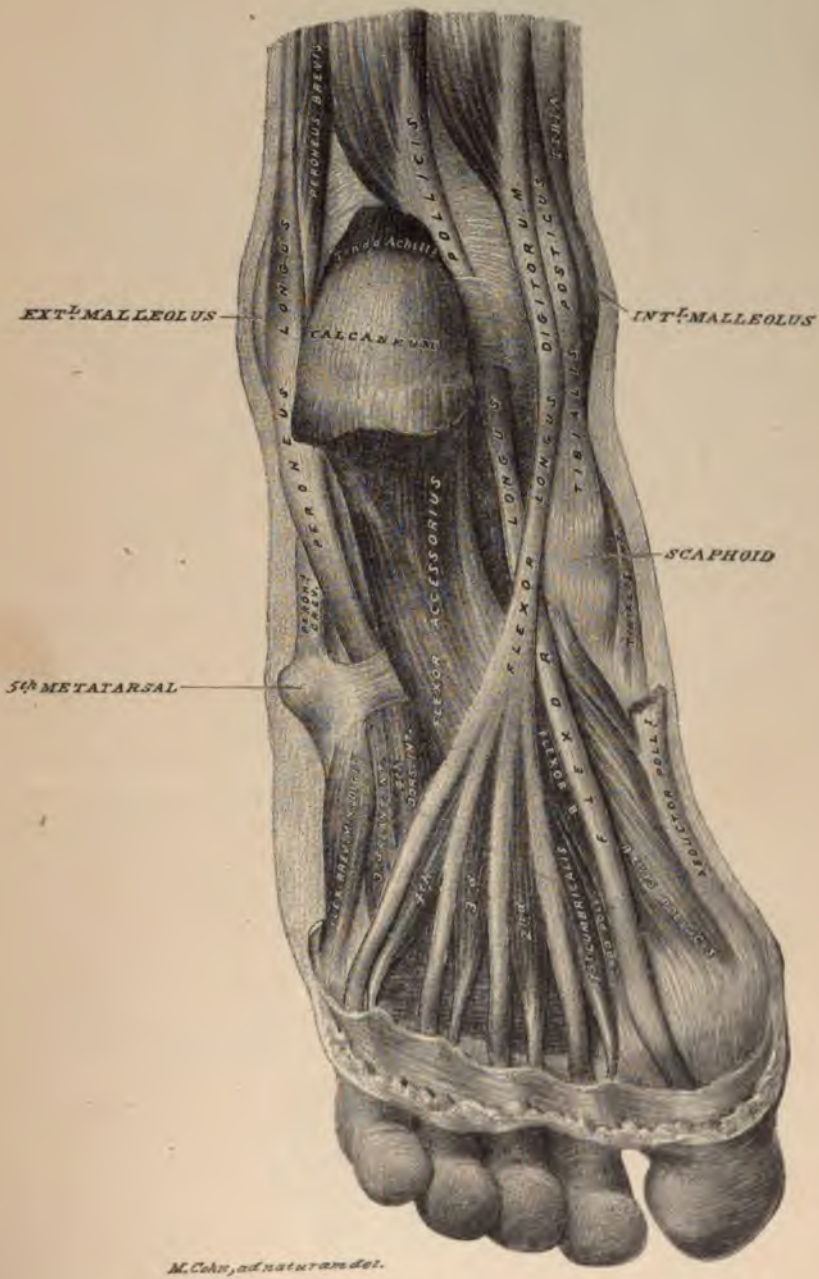
M. Cohn, ad naturam del.

[redacted]



M. Cohn, ad naturam del.

PLATE 89

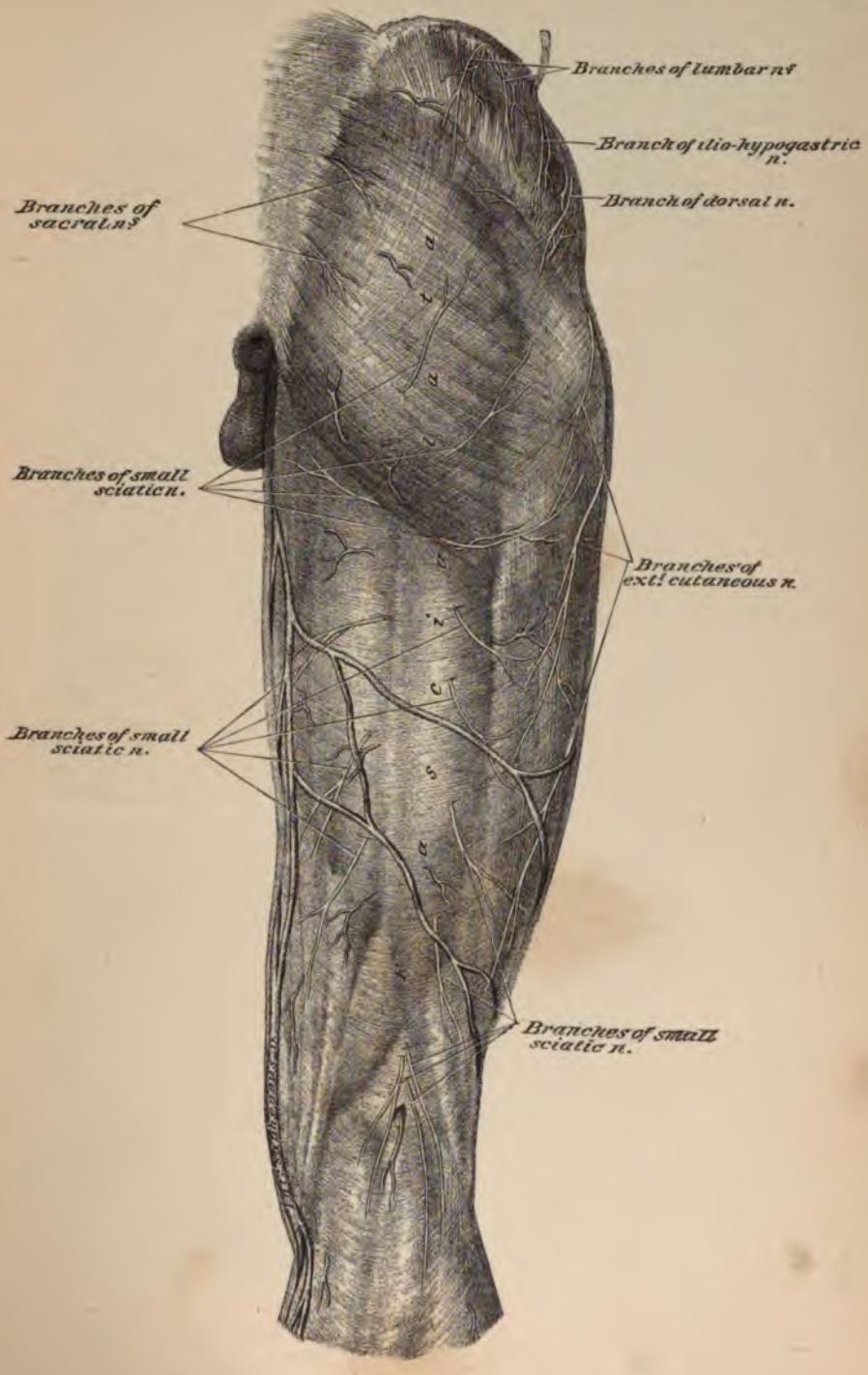


M. Cohn, ad naturam del.

PLATE 90

M. Cohn, ad naturam del.

PLATE 92


Branches of lumbar nᵗ
Branch of ilio-hypogastric n.
Branch of dorsal n.
Branches of sacral nˢ
Branches of small sciatic n.
Branches of ext! cutaneous n.
Branches of small sciatic n.
Branches of small sciatic n.

M. Cohn, ad naturam del.

PLATE 92

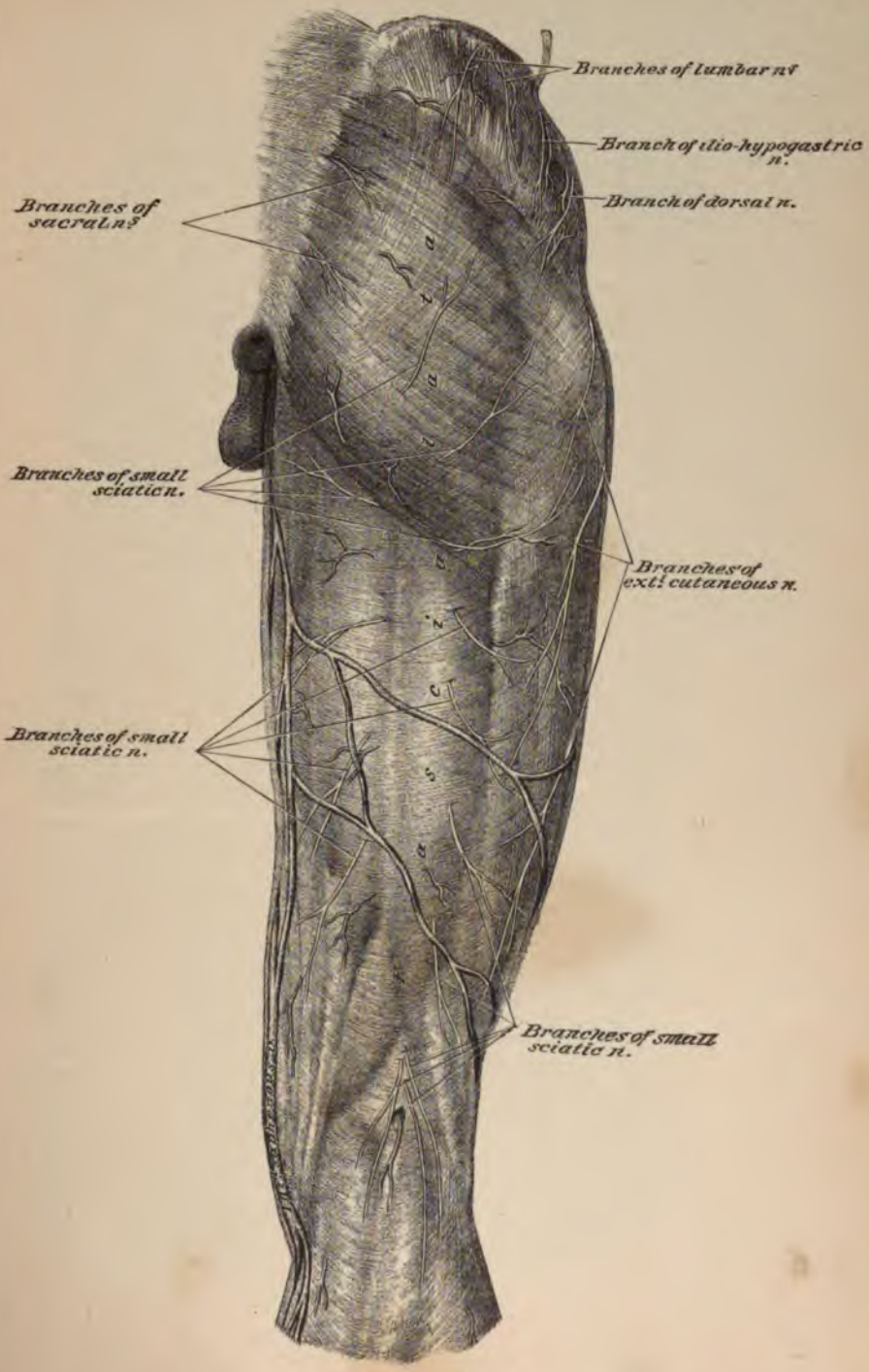

Branches of lumbar nⁿ
Branch of ilio-hypogastric n.
Branch of dorsal n.
Branches of sacral nⁿ
Branches of small sciatic n.
Branches of ext! cutaneous n.
Branches of small sciatic n.
Branches of small sciatic n.

PLATE 93

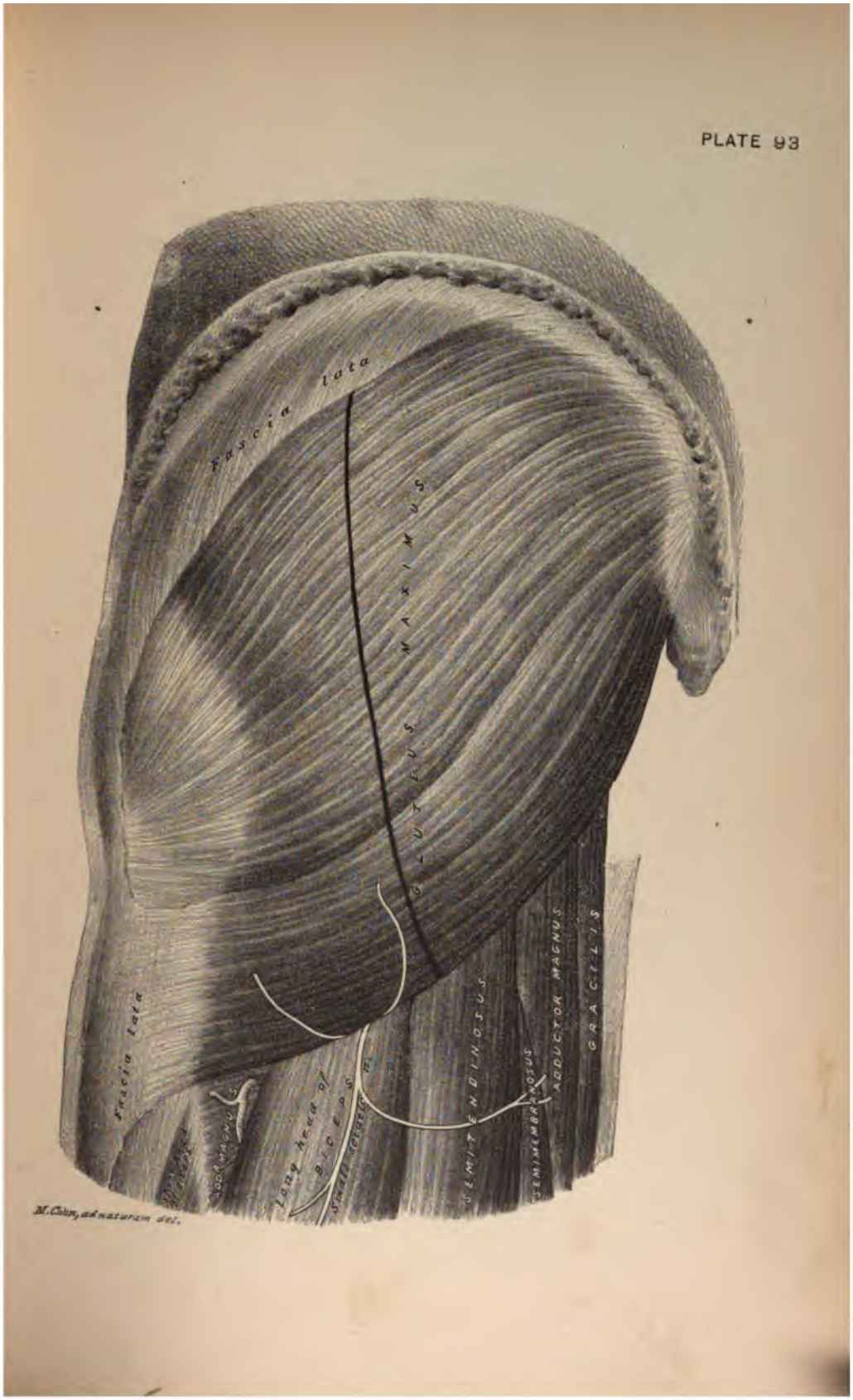

Fascia lata
GLUTEUS MAXIMUS
Fascia lata
ADDUCTOR MAGNUS
Long head of BICEPS
Short head of BICEPS
SEMITENDINOSUS
SEMIMEMBRANOSUS
ADDUCTOR MAGNUS
GRACILIS
M. Colin, ad naturam del.

PLATE 94

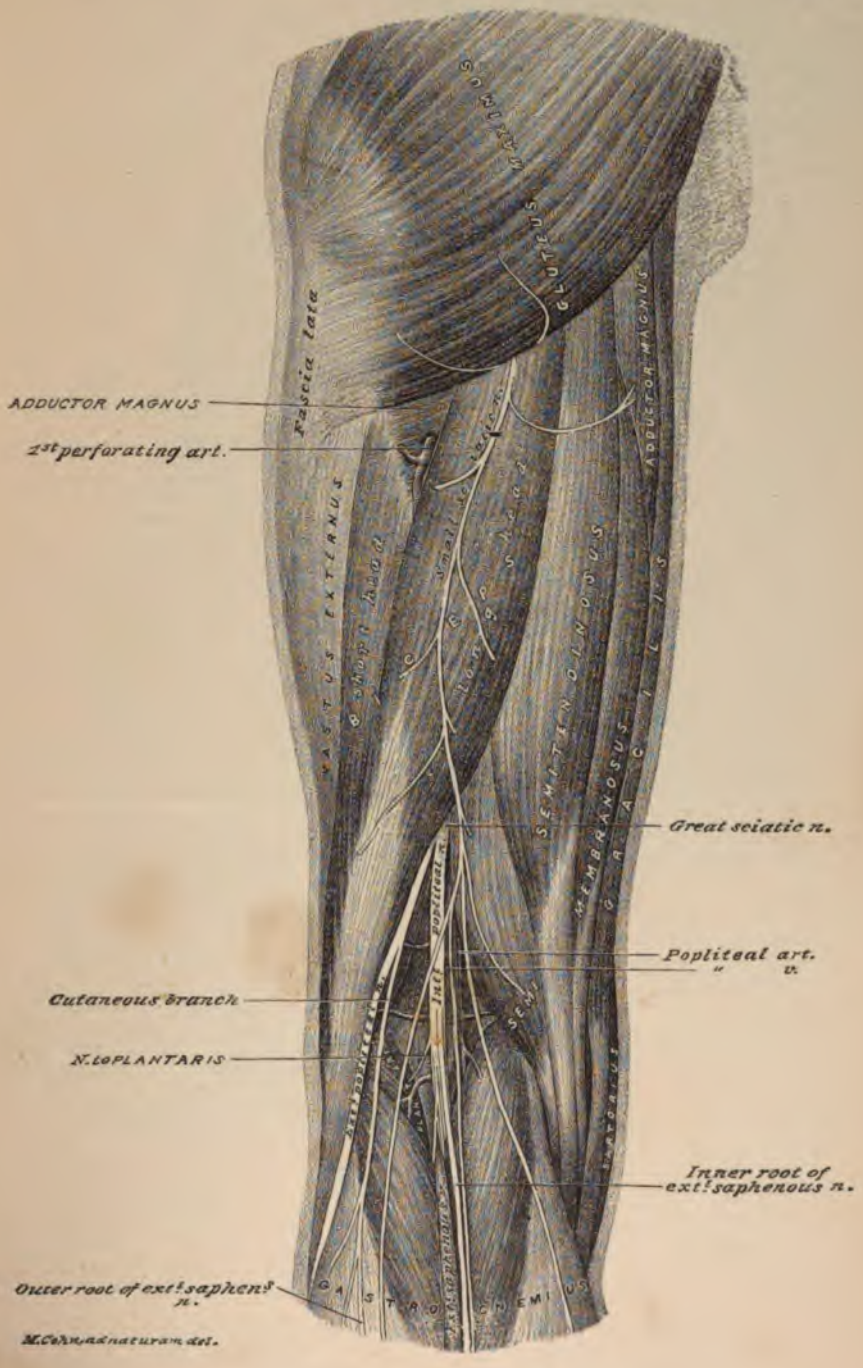
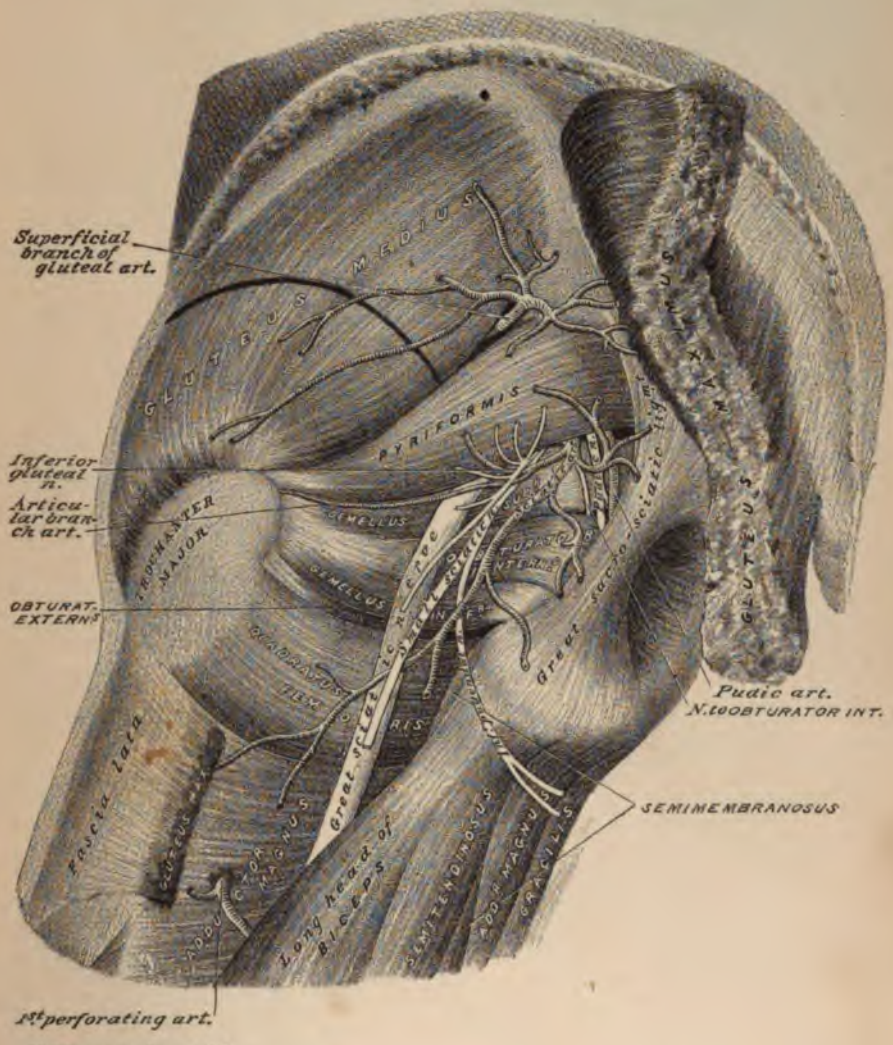
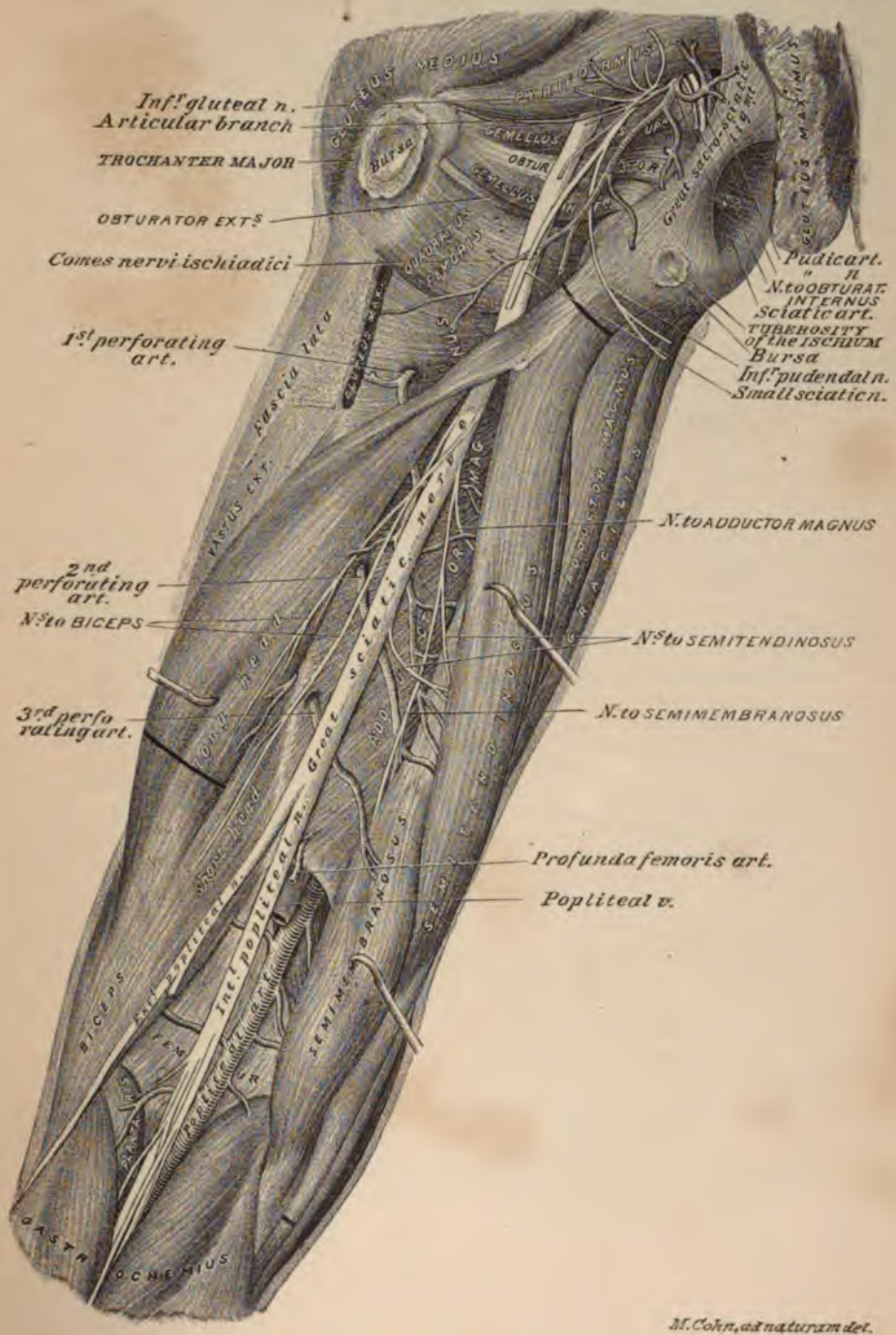

ADDUCTOR MAGNUS
2st perforating art.
Great sciatic n.
Popliteal art.
Cutaneous branch
N. tibialis
N. plantaris
Inner root of ext! saphenous n.
Outer root of ext! saphenous n.
M. Cohn ad naturam del.

PLATE 95



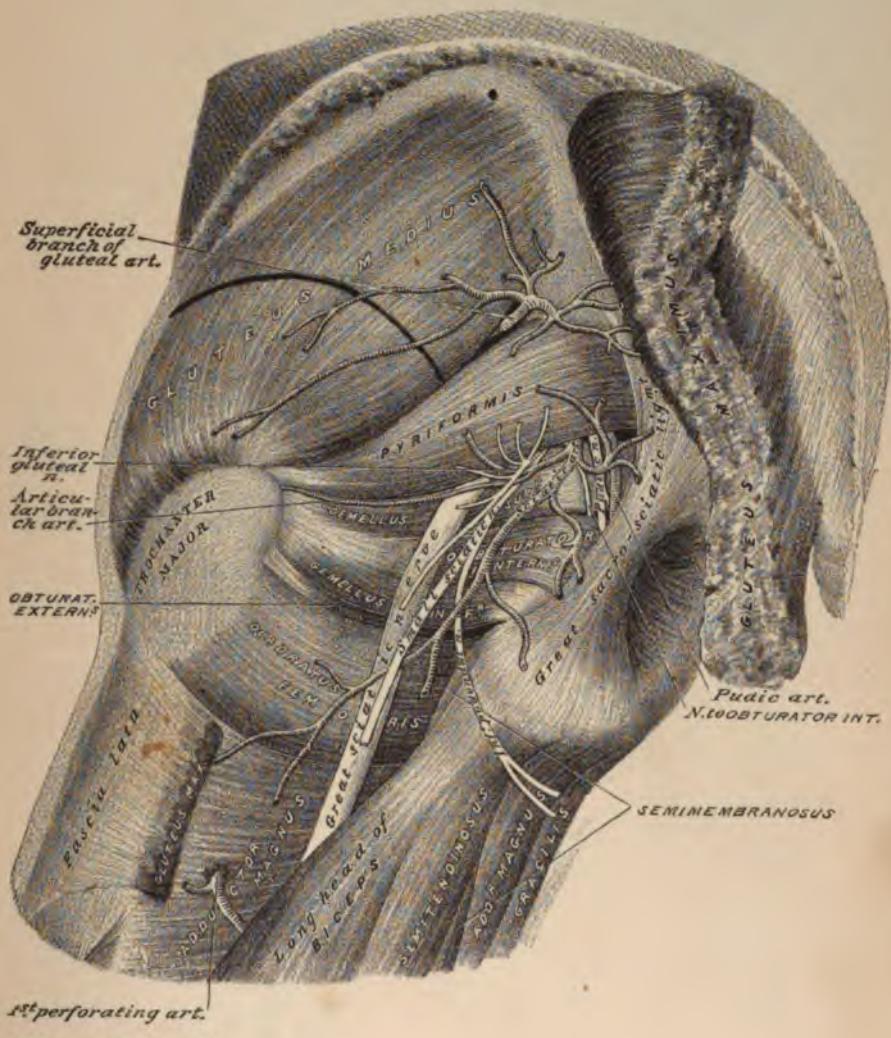
M. Cohn, ex naturam del.

PLATE 98

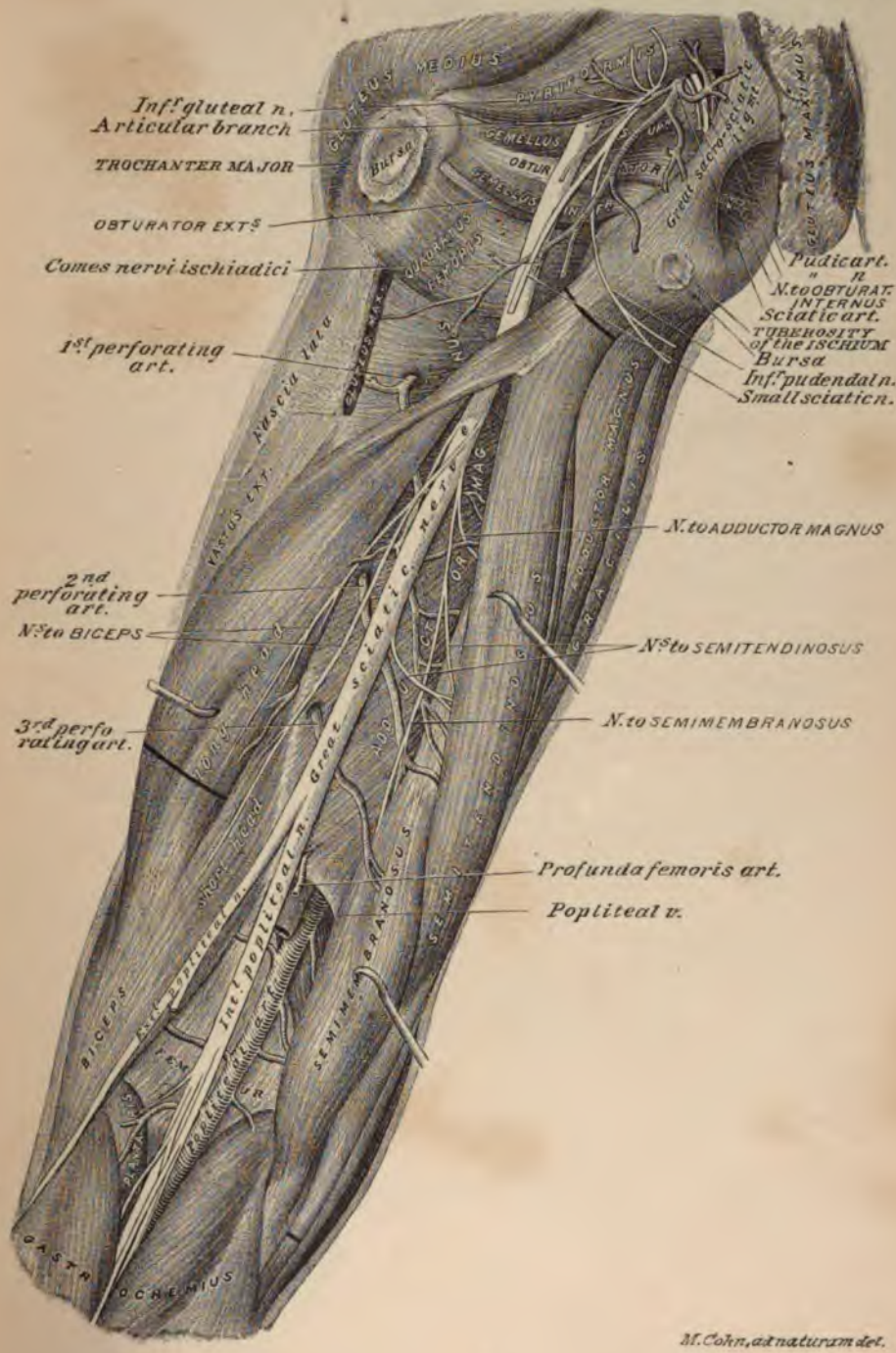


M. Cohn, ad naturam del.

PLATE 95



M. Cohn, ad naturam del.

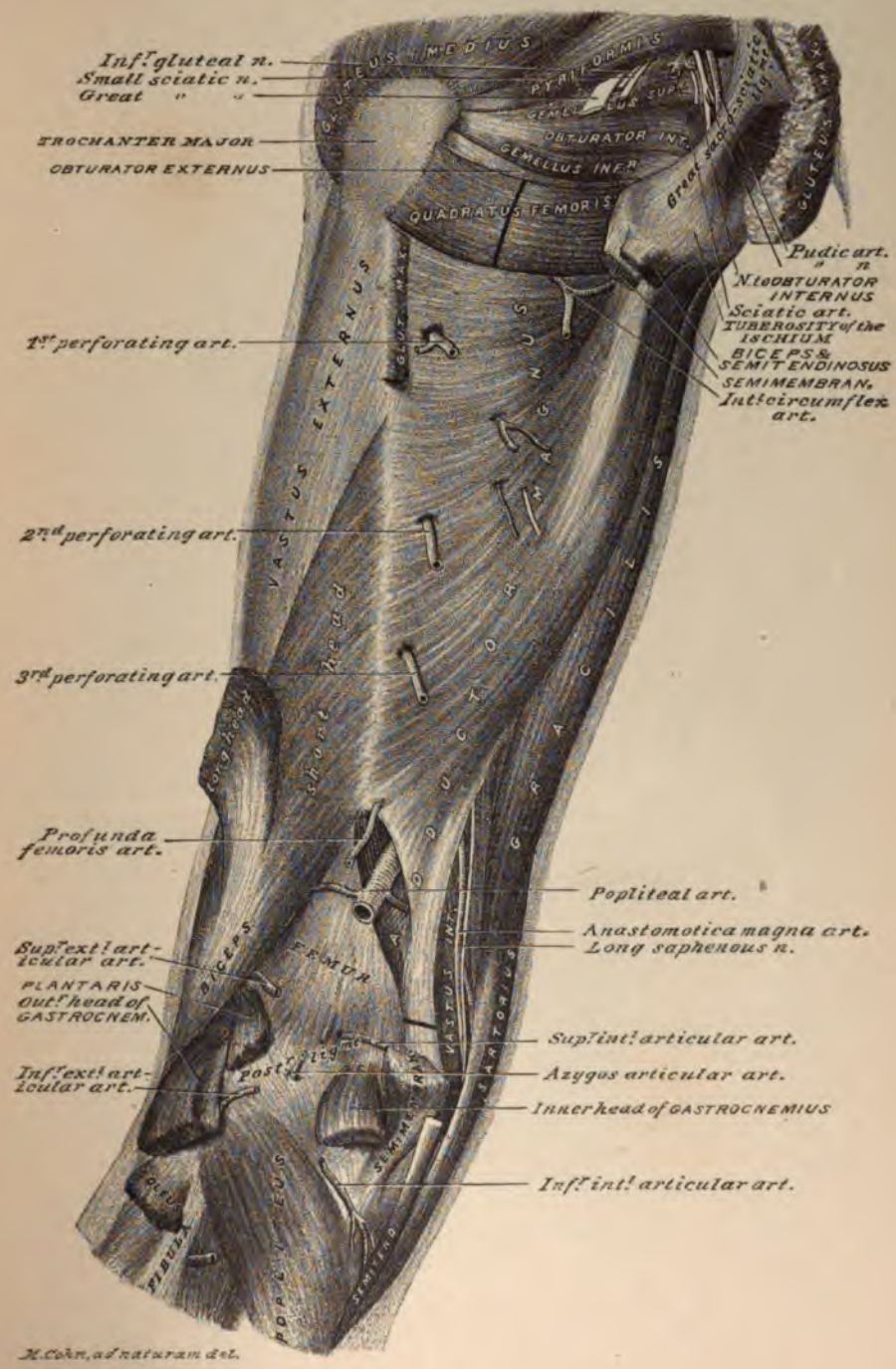


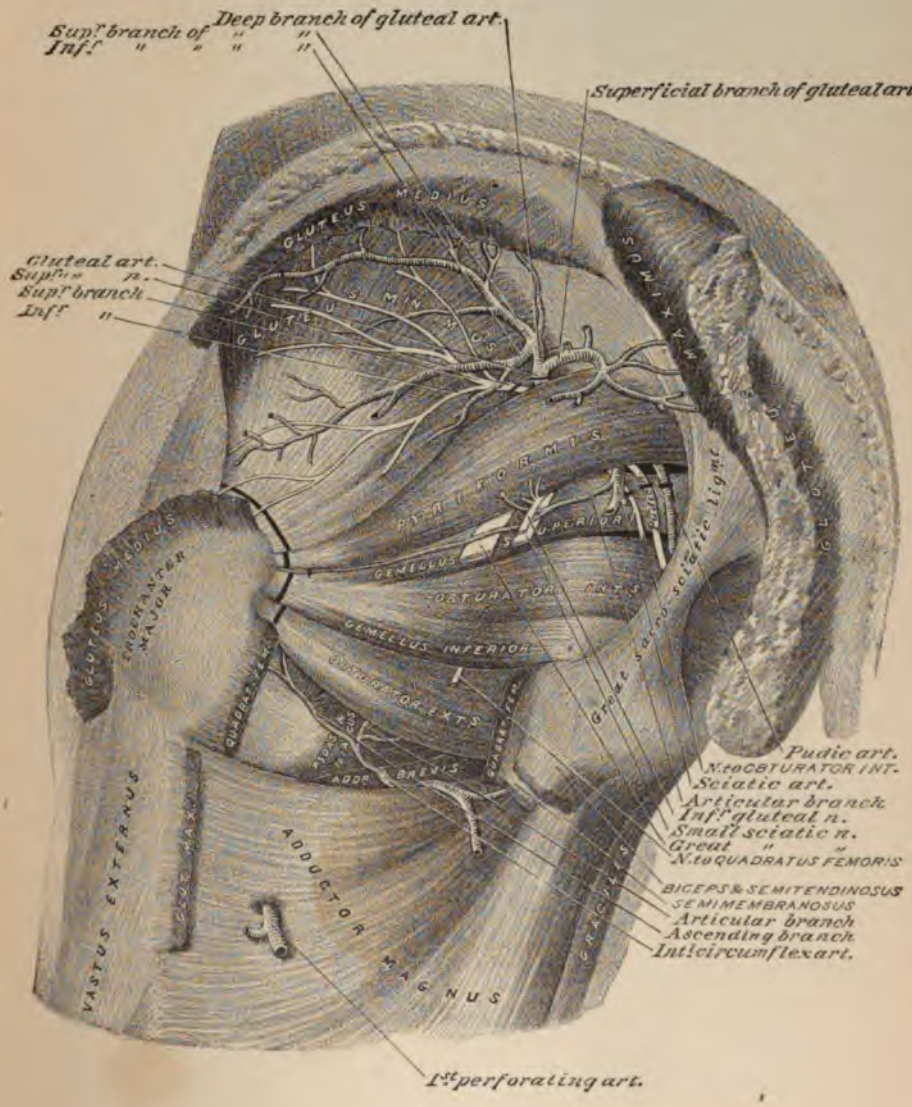
M. Cohn, ad naturam del.

PLATE 97

M. Cohn, ad naturam del.

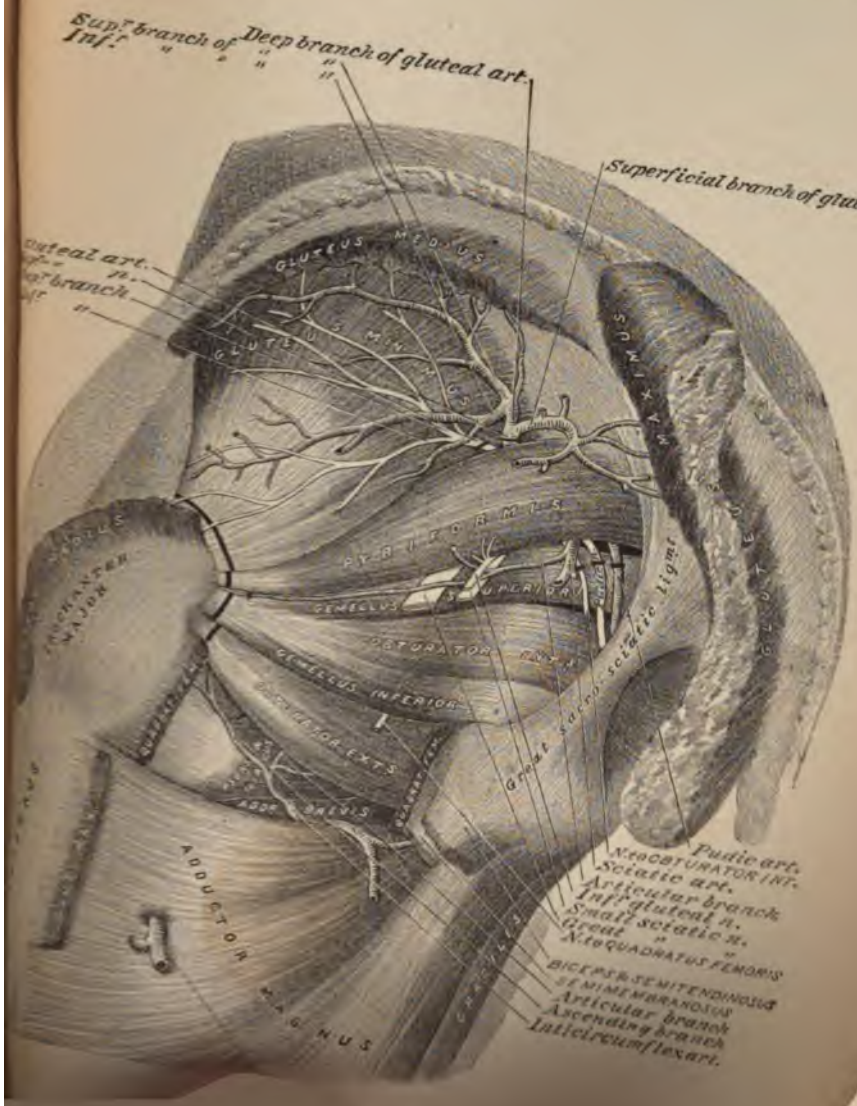
PLATE 98


Inf.r gluteal n.
Small sciatic n.
Great " "
TROCHANTER MAJOR
OBTURATOR EXTERNUS
1st perforating art.
2nd perforating art.
3rd perforating art.
Profunda femoris art.
Sup.r ext.l articular art.
PLANTARIS
out.l head of GASTROCNEM.
Inf.r ext.l articular art.
Pudic art.
" n
N.to OBTURATOR INTERNUS
Sciatic art.
TUBEROSITY of the ISCHIUM
BICEPS & SEMITENDINOSUS
SEMIMEMBRAN.
Int.l circumflex art.
Popliteal art.
Anastomotica magna art.
Long saphenous n.
Sup.r int.l articular art.
Azygos articular art.
Inner head of GASTROCNEMIUS
Inf.r int.l articular art.
GLUTEUS MEDIUS
PYRIFORMIS
OBTURATOR INT.
GEMELLUS INFR.
QUADRATUS FEMORIS
GLUTEUS MAX.
VASTUS EXTERNUS
ADDUCTOR MAGNUS
GRACILIS
Long head
Short head
FEMUR
VASTUS INT.
SARTORIUS
SEMIMEMB.
POPLITEUS
SOLEUS
TIBIALIS
M. Cohn, ad naturam del.



M.Cohn, ad naturam del.

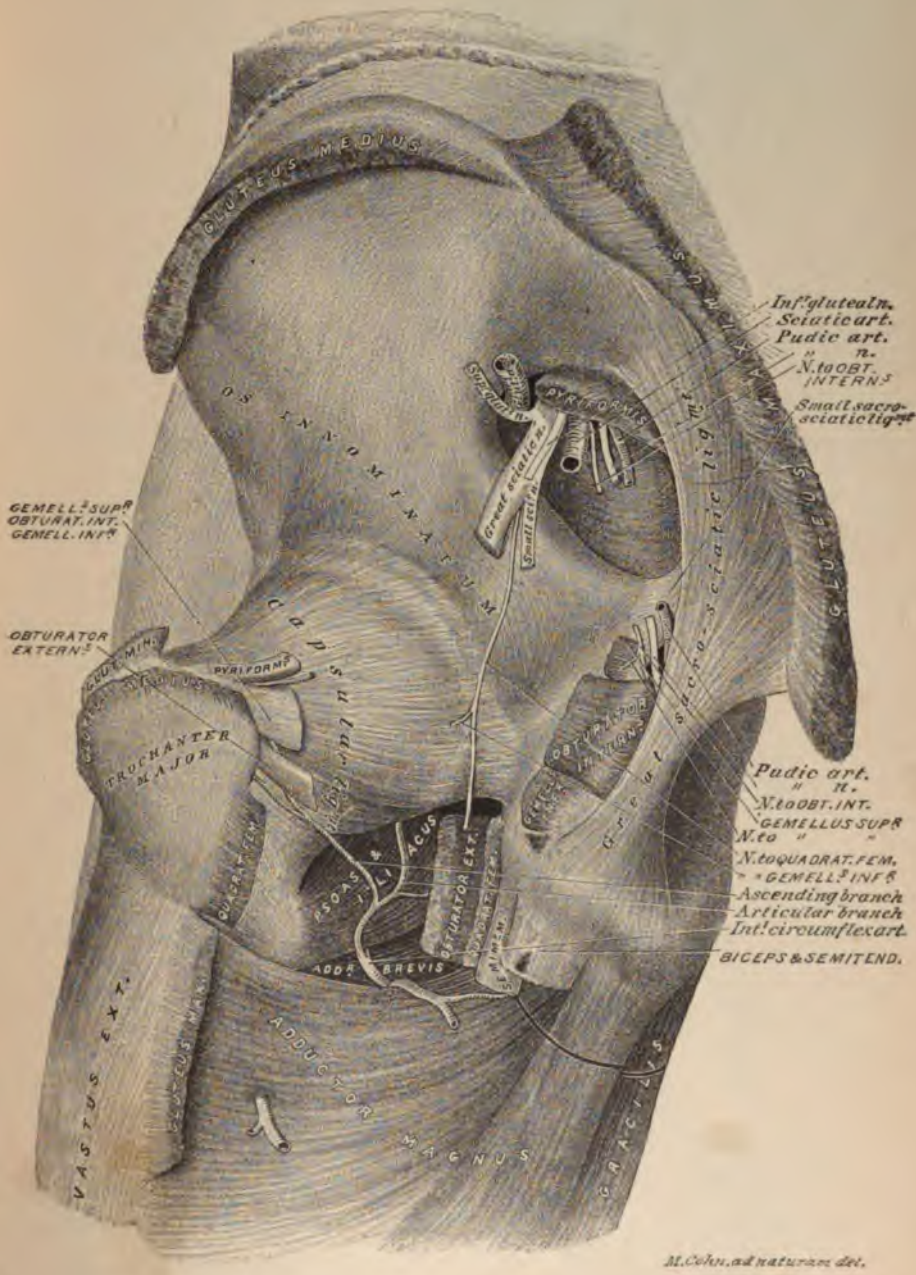
PLATE 99



foratin.

M. Cohn, ad naturam del.

PLATE 100.



M. Cohn, ad naturam del.

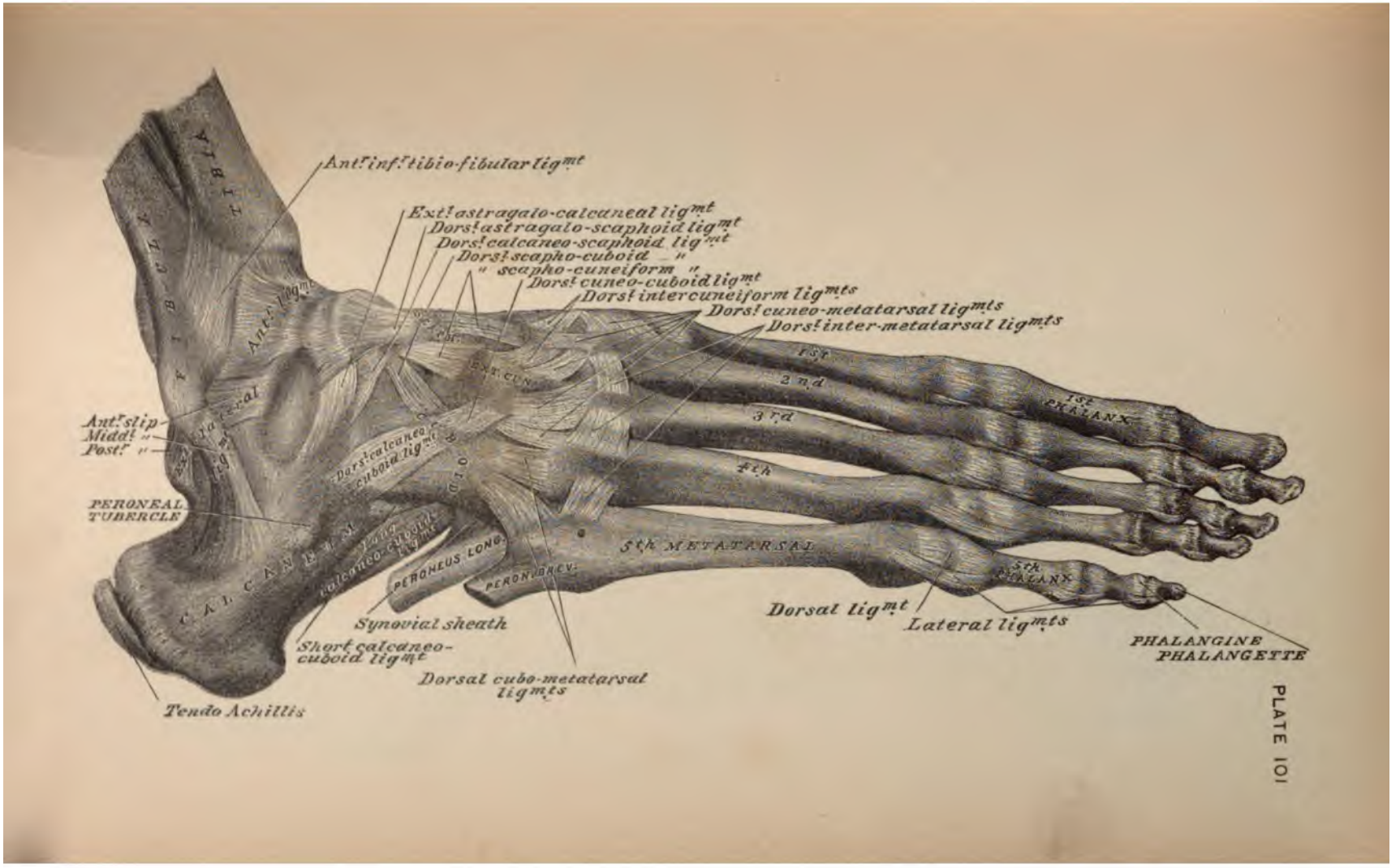

Ant.l inf.l tibio-fibular lig.mt
Ext.l astragalo-calcaneal lig.mt
Dors.l astragalo-scaphoid lig.mt
Dors.l calcaneo-scaphoid lig.mt
Dors.l scapho-cuboid "
" scapho-cuneiform "
Dors.l cuneo-cuboid lig.mt
Dors.l intercuneiform lig.mts
Dors.l cuneo-metatarsal lig.mts
Dors.l inter-metatarsal lig.mts
TIBIA
FIBULA
Ant.l lig.mt
Ext. Cun.
1st
2nd
3rd
4th
1st PHALANX
Ant.l slip
Middl "
Post.l "
Lateral
Dors.l calcaneo-cuboid lig.mt
CUBOID
PERONEAL TUBERCLE
CALCANEUM
Long calcaneo-cuboid lig.mt
PERONEUS LONG.
PERON. BREV.
5th METATARSAL
5th PHALANX
Synovial sheath
Short calcaneo-cuboid lig.mt
Dorsal cubo-metatarsal lig.mts
Tendo Achillis
Dorsal lig.mt
Lateral lig.mts
PHALANGINE
PHALANGETTE

PLATE 101

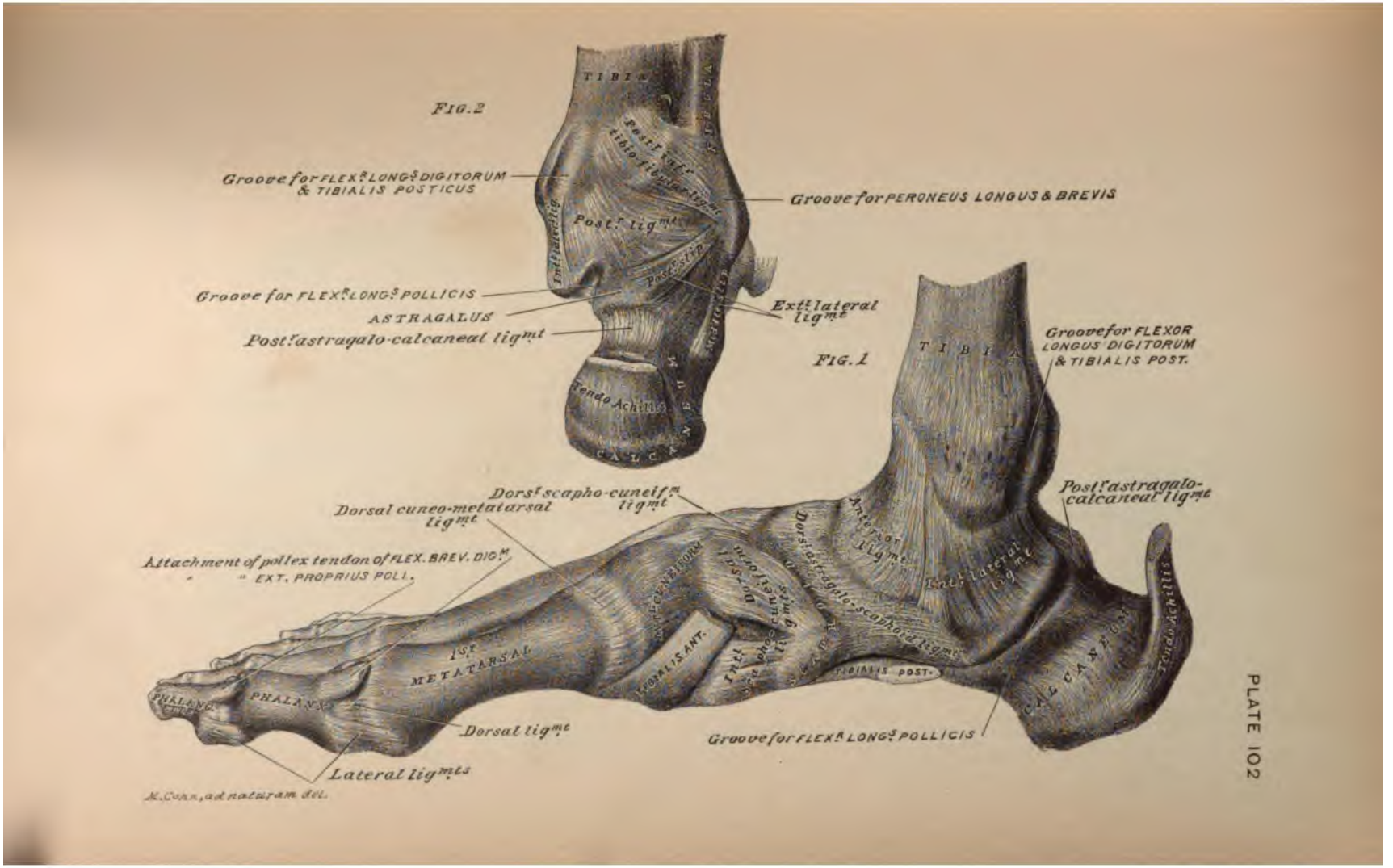
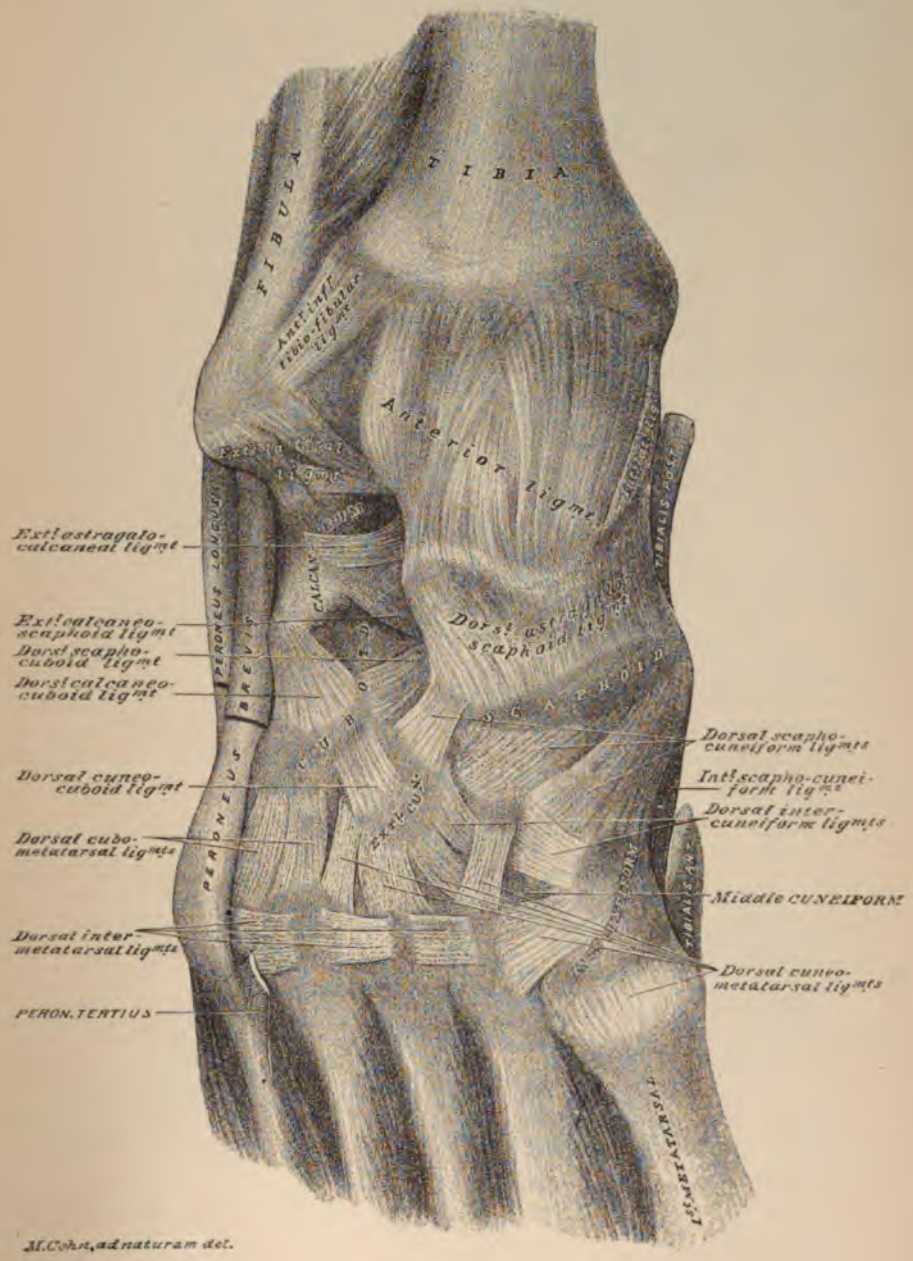


FIG. 2
TIBIA
Groove for FLEXR LONGS DIGITORUM & TIBIALIS POSTICUS
Post.r inf.r tibio-fibular ligmt
Groove for PERONEUS LONGUS & BREVIS
Post.r ligmt
Groove for FLEXR LONGS POLLICIS
ASTRAGALUS
Post.r astragalo-calcaneal ligmt
Extl lateral ligmt
CALCANEUM
Tendo Achillis
FIG. 1
TIBIA
Groove for FLEXOR LONGUS DIGITORUM & TIBIALIS POST.
Post.r astragalo-calcaneal ligmt
Dorsal cuneo-metatarsal ligmt
Dors.l scapho-cuneif.m ligmt
Attachment of pollex tendon of FLEX. BREV. DIGM
" EXT. PROPRIUS POLL.
Anterior ligmt
Ext.l lateral ligmt
Dors.l astragalo-scaphoid ligmt
1ST METATARSAL
TIBIALIS ANT.
TIBIALIS POST.
PHALANX
Dorsal ligmt
Lateral ligmts
Groove for FLEXR LONGS POLLICIS
M. Cohn, ad naturam del.

PLATE 102

PLATE 103



M.Cohn, ad naturam del.

FIG. 1

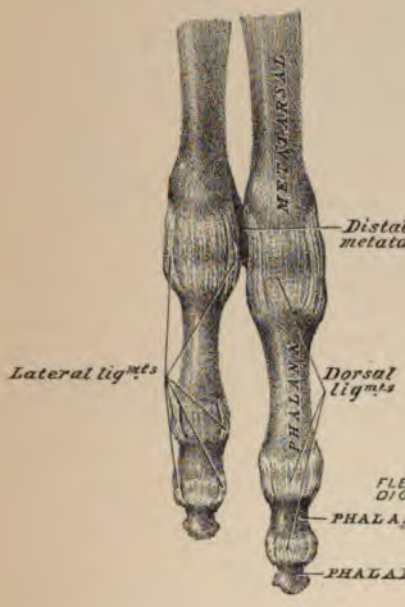


FIG. 2

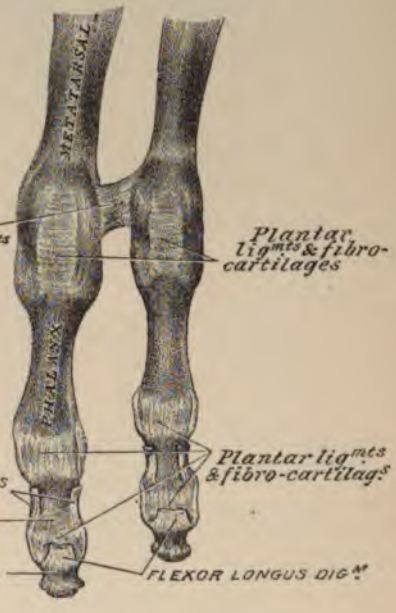
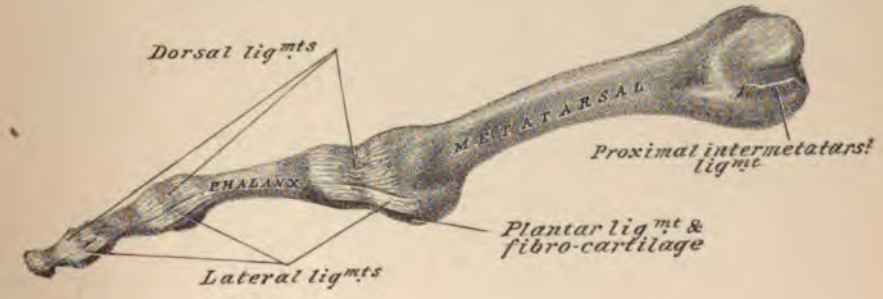
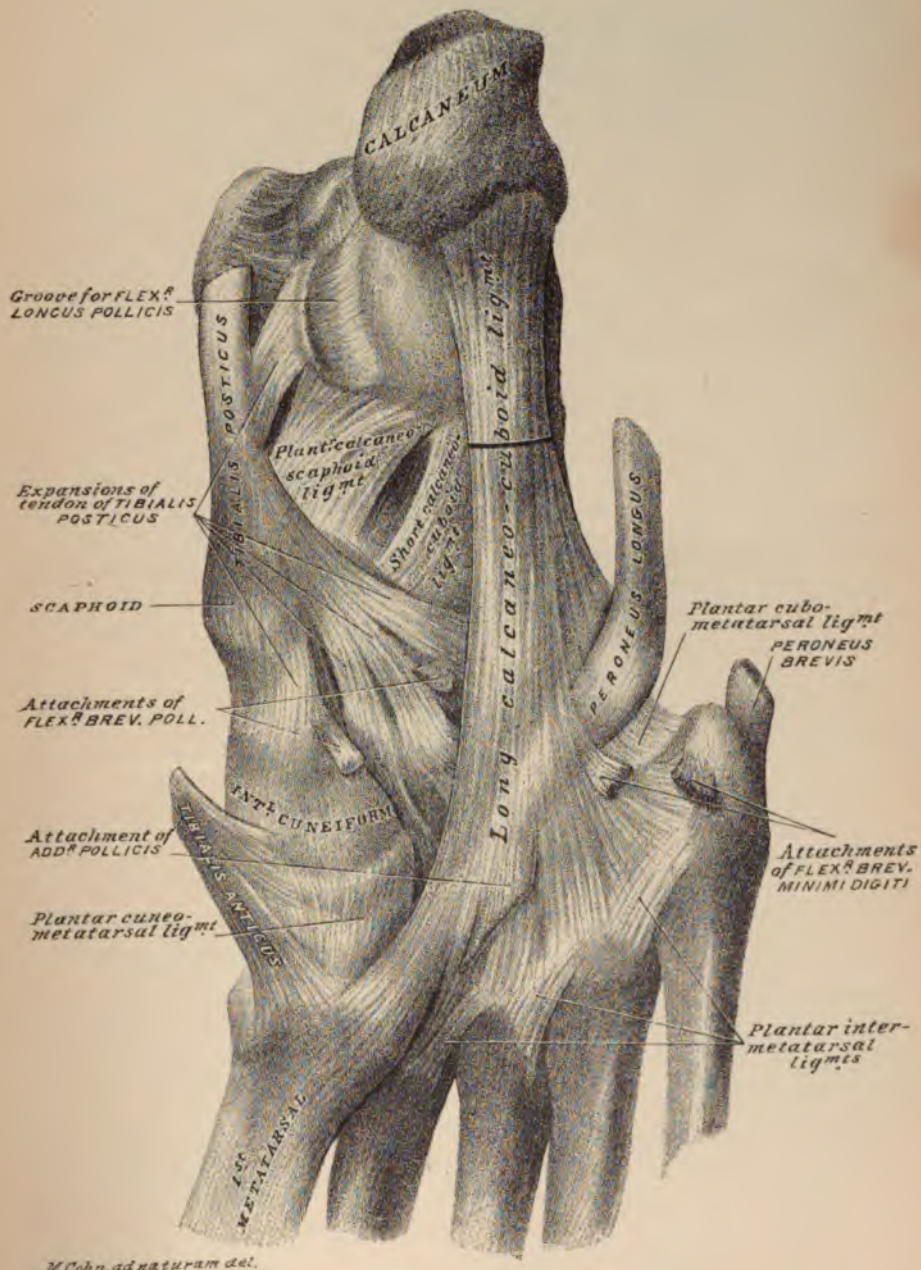


FIG. 3



M. Cohn, ad naturam del.

PLATE 105



M. Cohn, ad naturam del.

FIG. 1

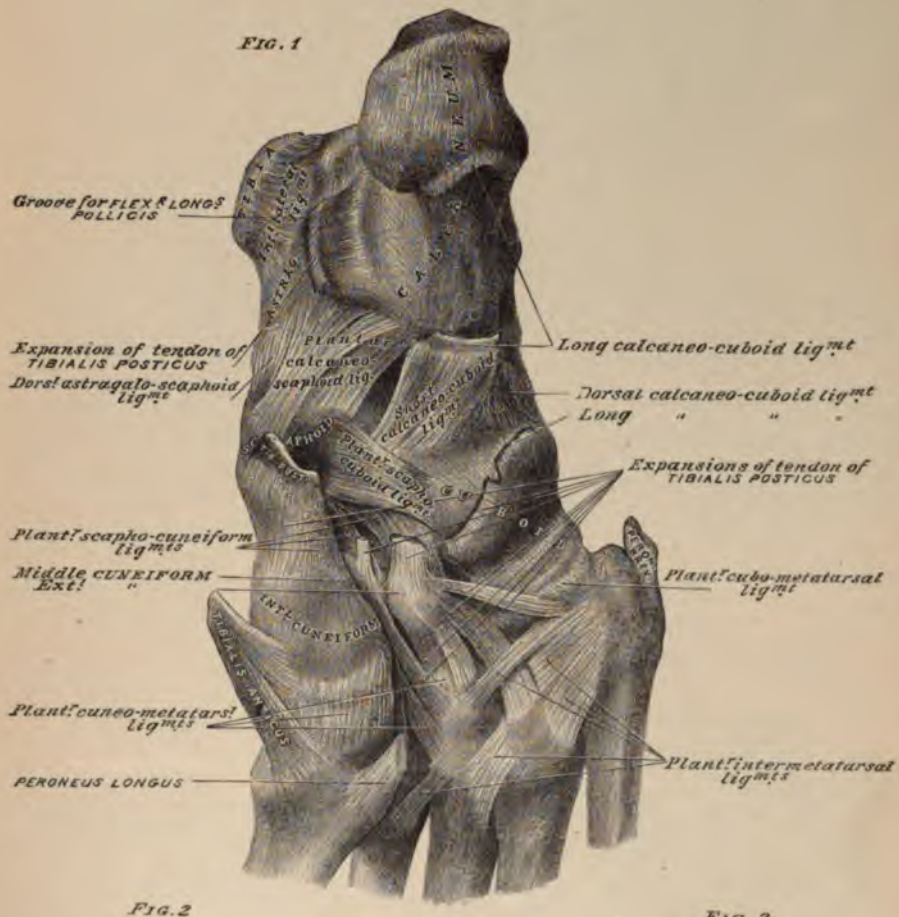


FIG. 2

FIG. 3

M. Colin, ad naturam del.

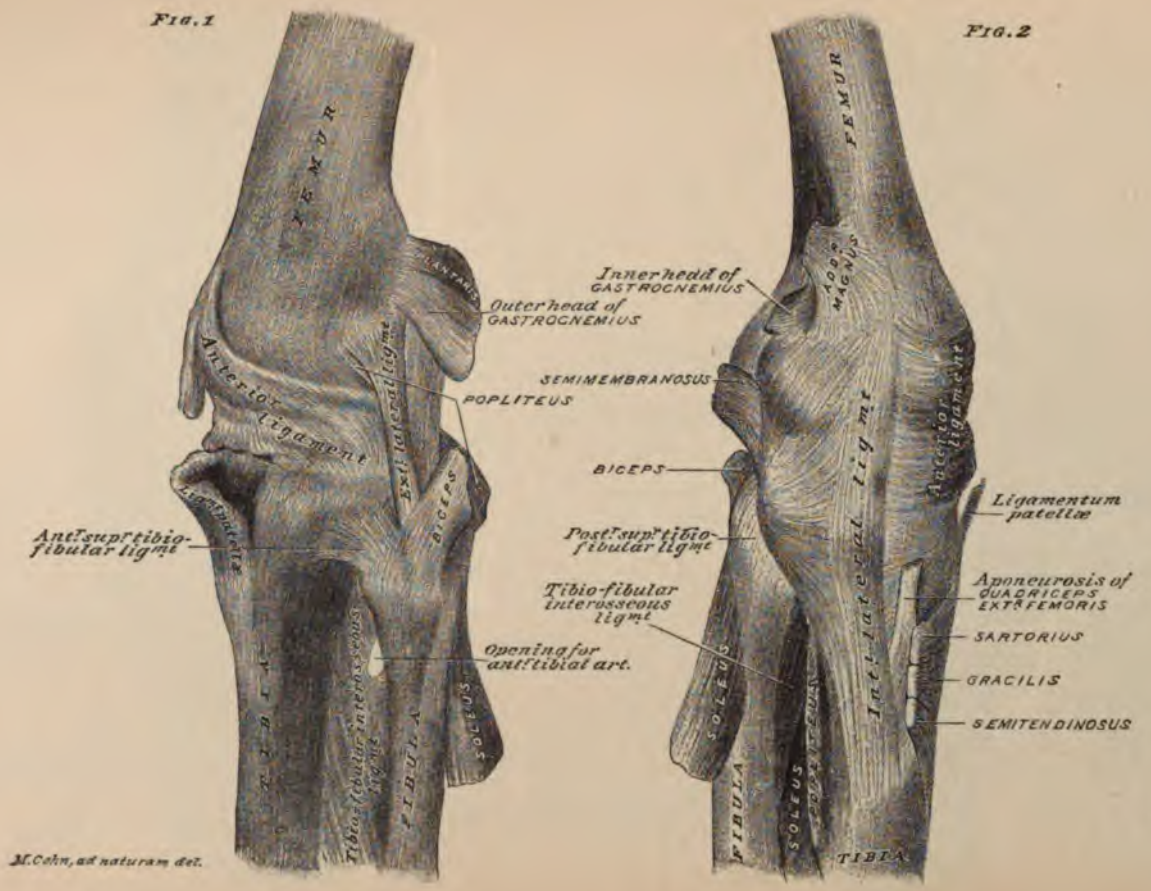


Fig. 1
FEMUR
ANTAHUS
Outer head of GASTROCNEMIUS
Anterior ligament
Ext. lateral ligmt
POPLITEUS
BICEPS
Ant. sup. tibio-fibular ligmt
TIBIA
Tibio-fibular interosseous ligmt
FIBULA
SOLEUS
Opening for ant. tibial art.
M. Cohn, ad naturam del.
Fig. 2
FEMUR
ADDUCTOR MAGNUS
Inner head of GASTROCNEMIUS
SEMIMEMBRANOSUS
BICEPS
Post. sup. tibio-fibular ligmt
Tibio-fibular interosseous ligmt
SOLEUS
FIBULA
SOLEUS
TIBIA
Int. lateral ligmt
Adductor ligament
Ligamentum patellæ
Aponeurosis of QUADRICEPS EXTI FEMORIS
SARTORIUS
GRACILIS
SEMITENDINOSUS

PLATE 107

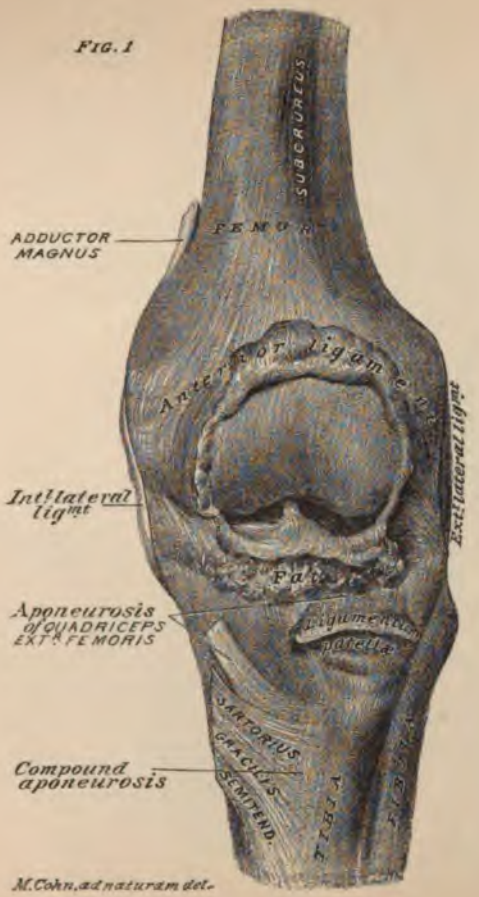


FIG. 1
SUBCRURÆUS
FEMUR
ADDUCTOR MAGNUS
Ant! lig.mt
Ext! lateral lig.mt
Int! lateral lig.mt
Patella
Aponeurosis of QUADRICEPS EXT.R FEMORIS
Lig.mt of patella
SARTORIUS
GRACILIS
SEMITEND.
Compound aponeurosis
TIBIA
FIBULA
M. Cohn, ad naturam del.

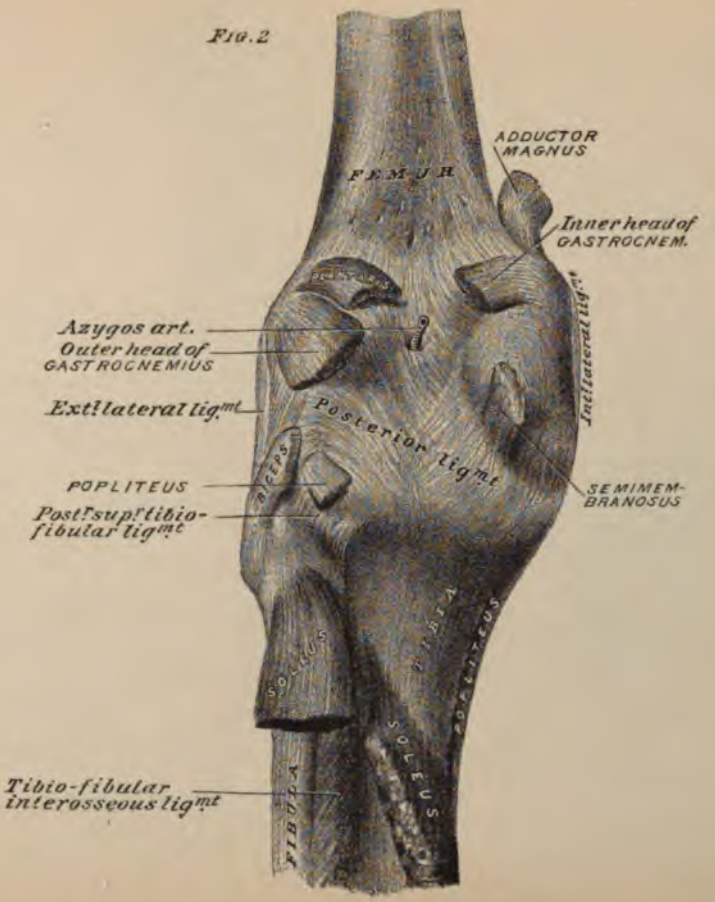


FIG. 2
ADDUCTOR MAGNUS
FEMUR
Inner head of GASTROCNEM.
Azygos art.
Outer head of GASTROCNEMIUS
Ext! lateral lig.mt
Posterior lig.mt
Int! lateral lig.mt
BICEPS
SEMIMEMBRANOSUS
POPLITEUS
Post! sup.r tibio-fibular lig.mt
SOLEUS
TIBIA
POPLITEUS
SOLEUS
Tibio-fibular interosseous lig.mt
FIBULA

PLATE 108

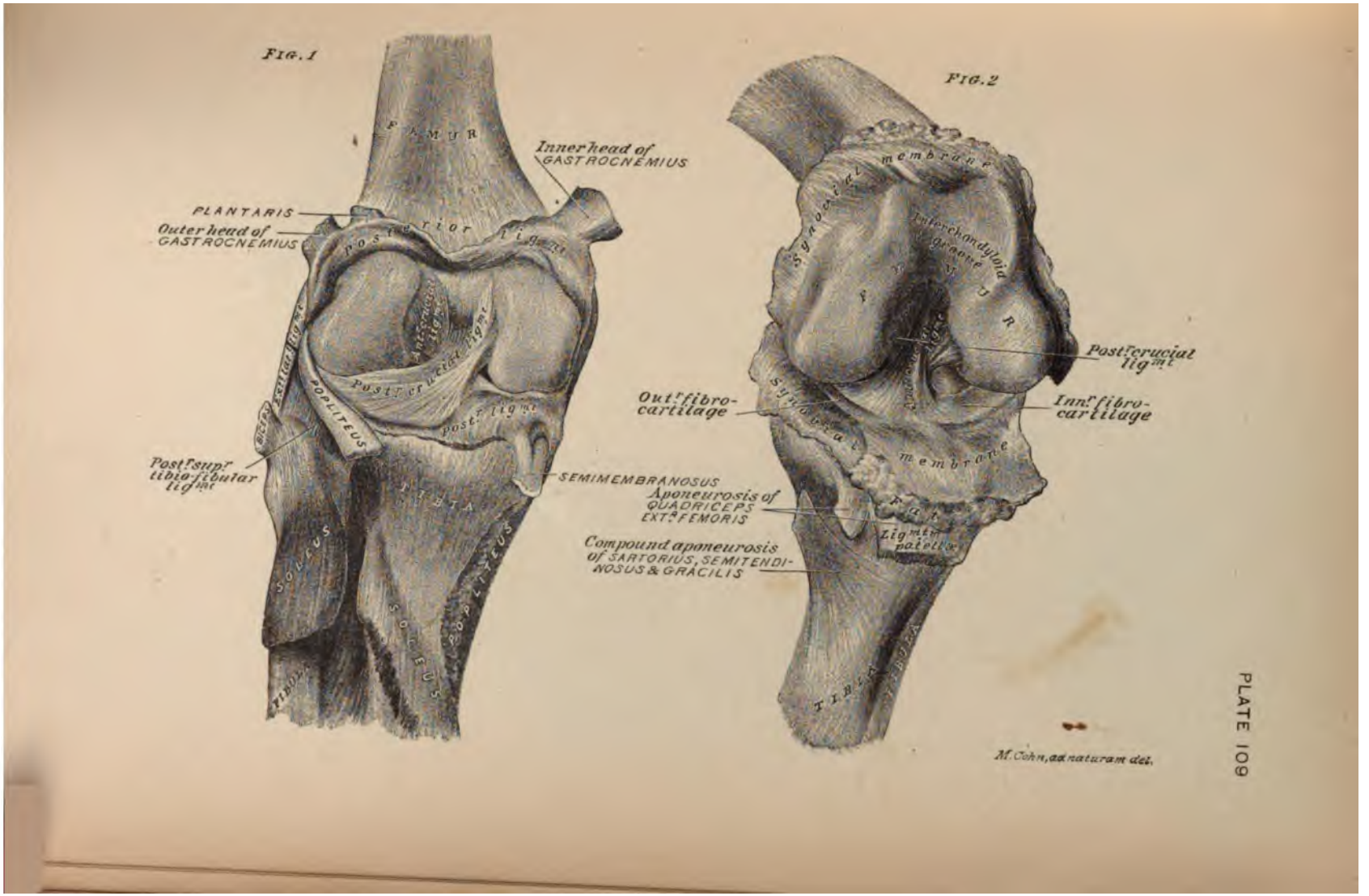


FIG. 1
FEMUR
Inner head of GASTROCNEMIUS
PLANTARIS
Outer head of GASTROCNEMIUS
posterior ligt
Anterior crucial ligt
Post.r cruciat ligt
BICEPS
POPLITEUS
post.r ligt
Post.r sup.r tibio-fibular ligt
SEMIMEMBRANOSUS
TIBIA
SOLEUS
POPLITEUS
FIBULA
FIG. 2
Synovial membrane
Interchondyloid groove
Post.r cruciat ligt
Out.r fibro-cartilage
Inn.r fibro-cartilage
Aponeurosis of QUADRICEPS EXT.S FEMORIS
Lig.mt patellæ
Compound aponeurosis of SARTORIUS, SEMITENDINOSUS & GRACILIS
TIBIA
FIBULA
M. Cohn, ad naturam del.
PLATE 109

FIG. 1

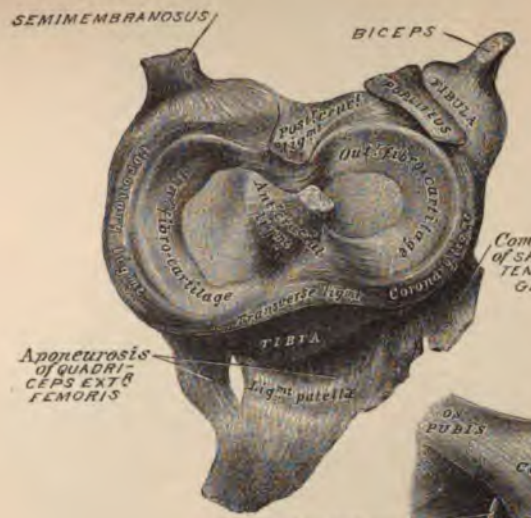


FIG. 2

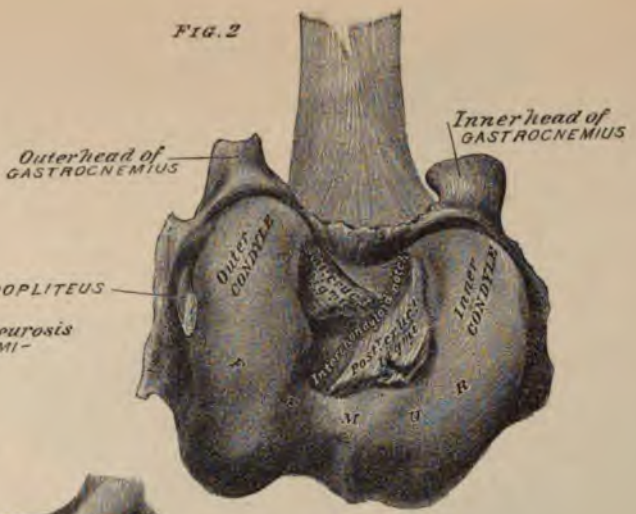


FIG. 3

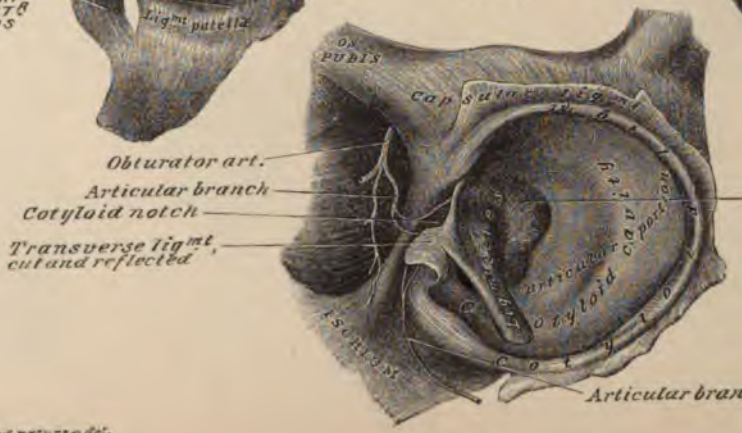
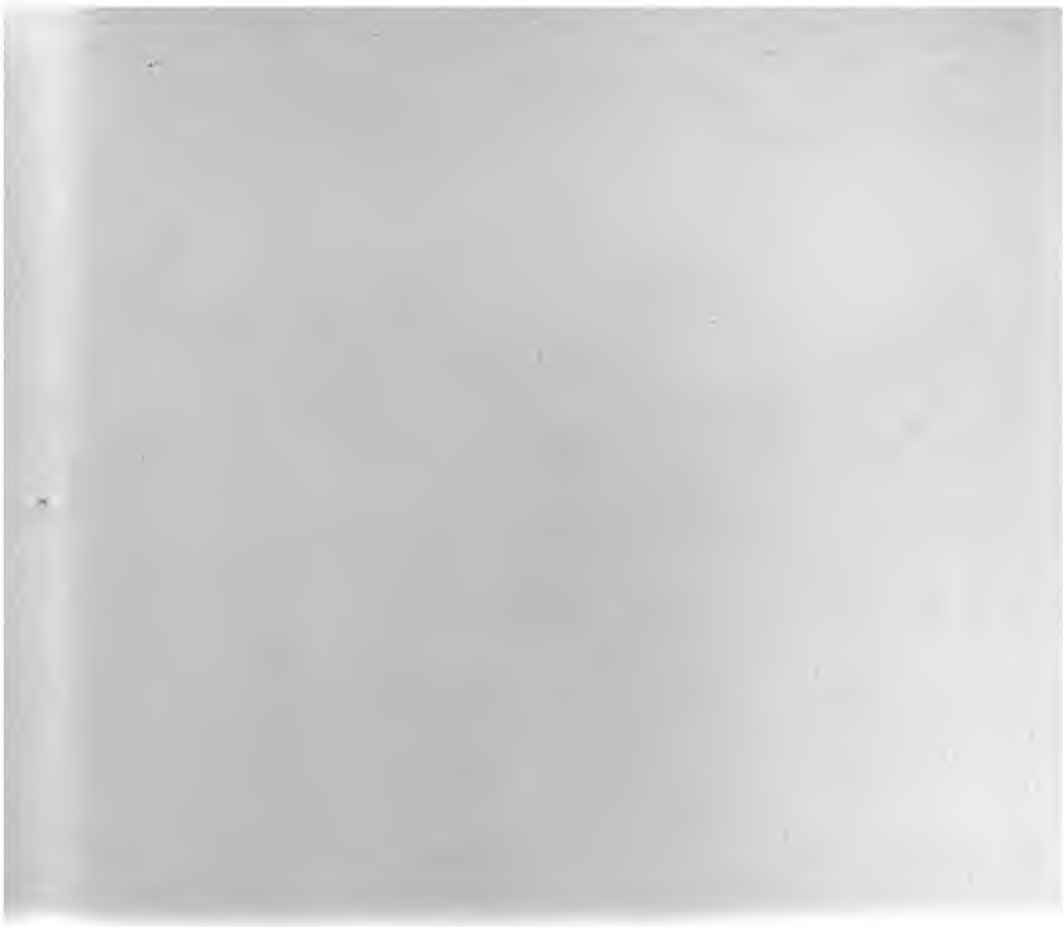
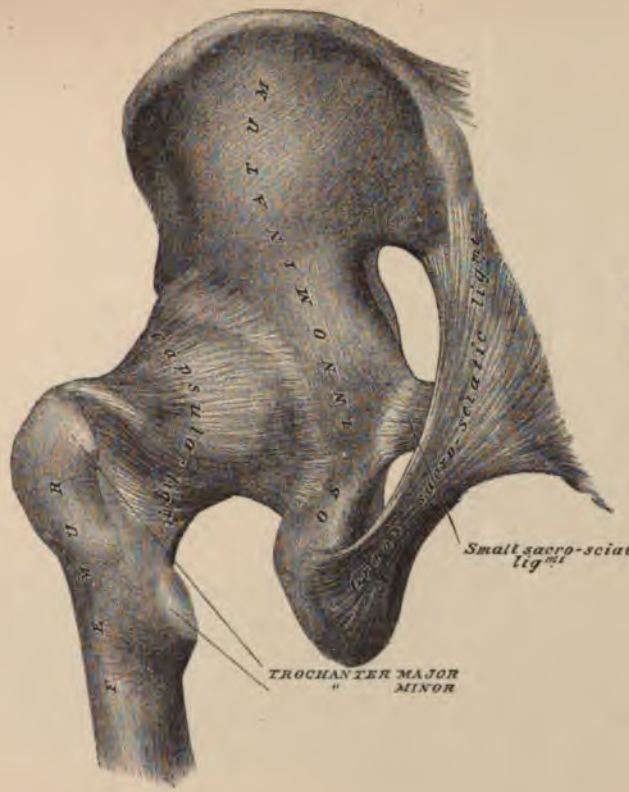


PLATE 110



[redacted]

Fig. 1



M. Cohn, ad naturam del.

Fig. 2

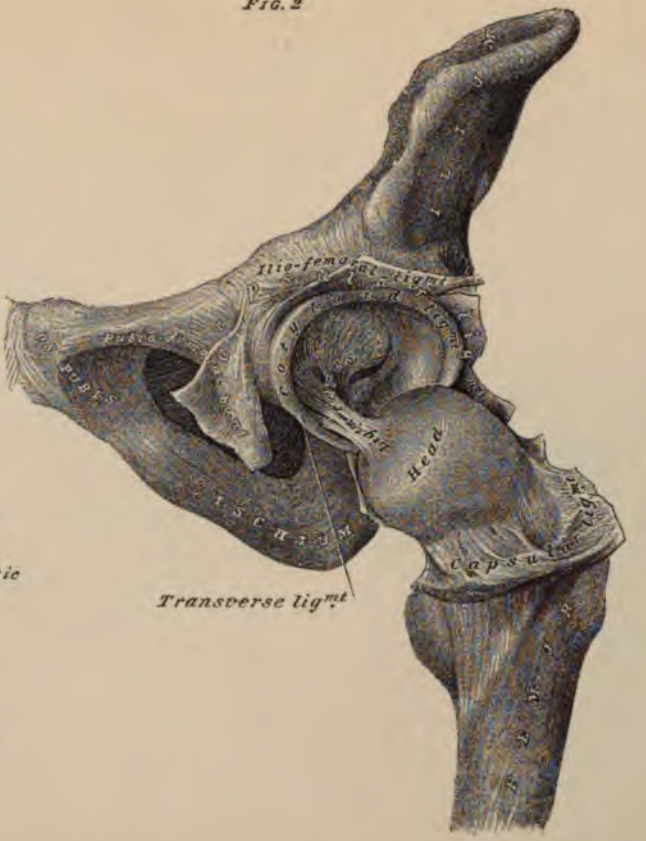


PLATE III

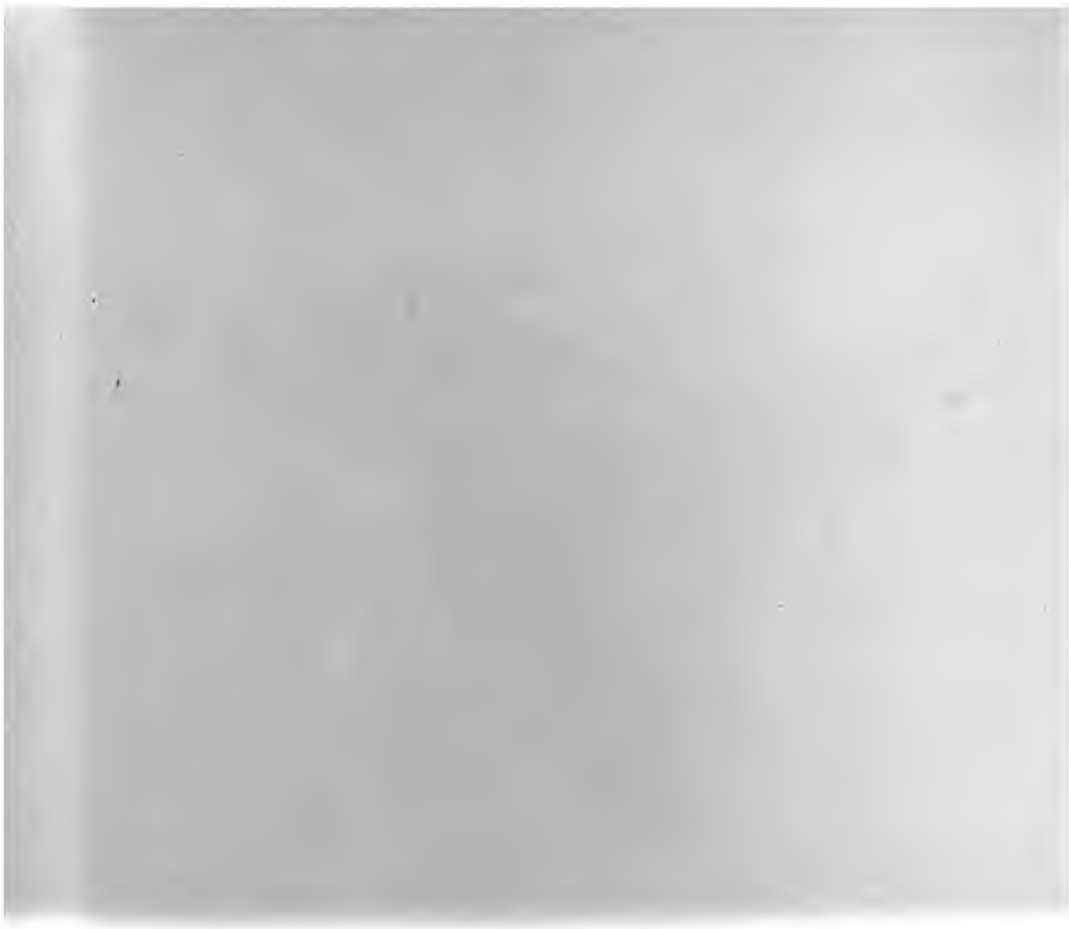
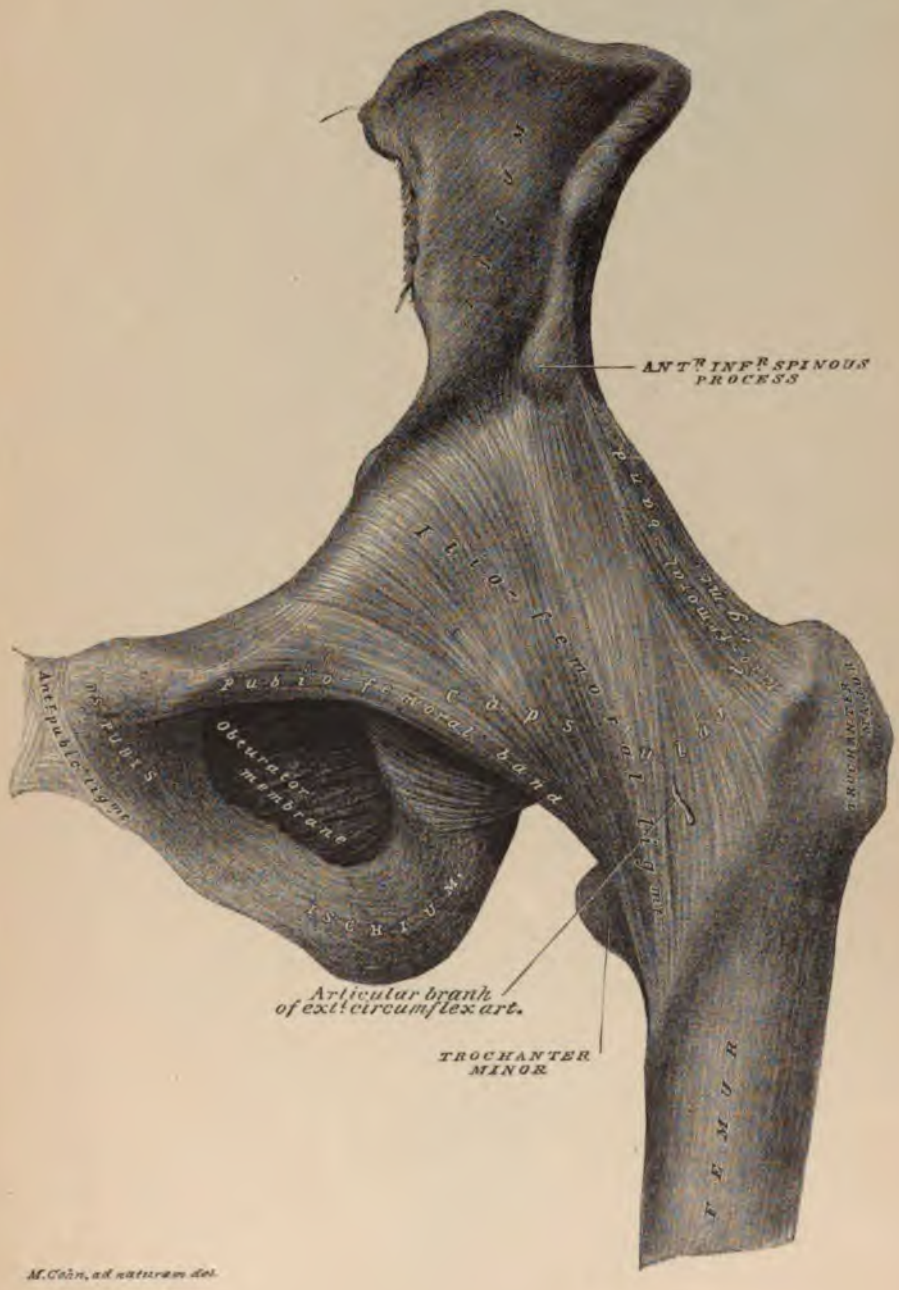


PLATE 112



M. Cohn, ad naturam del.

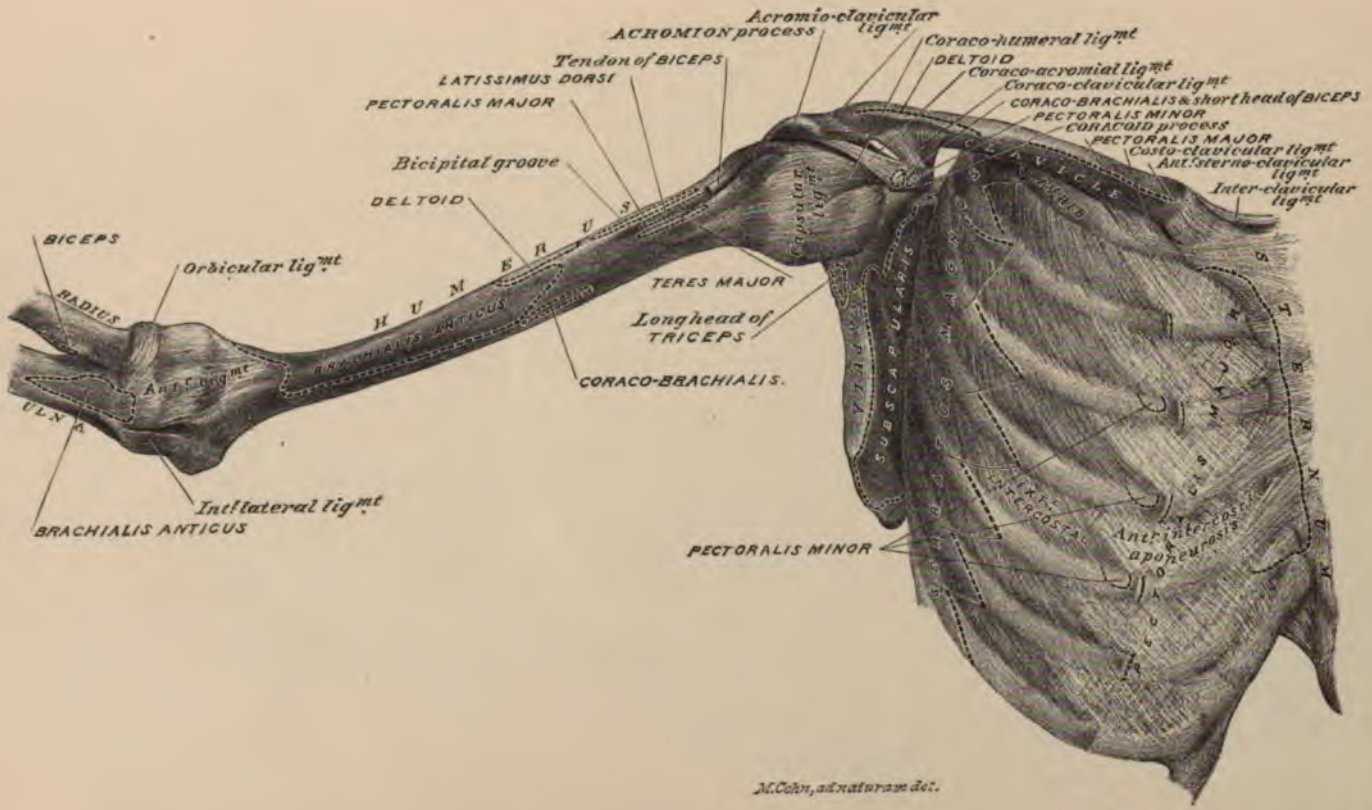
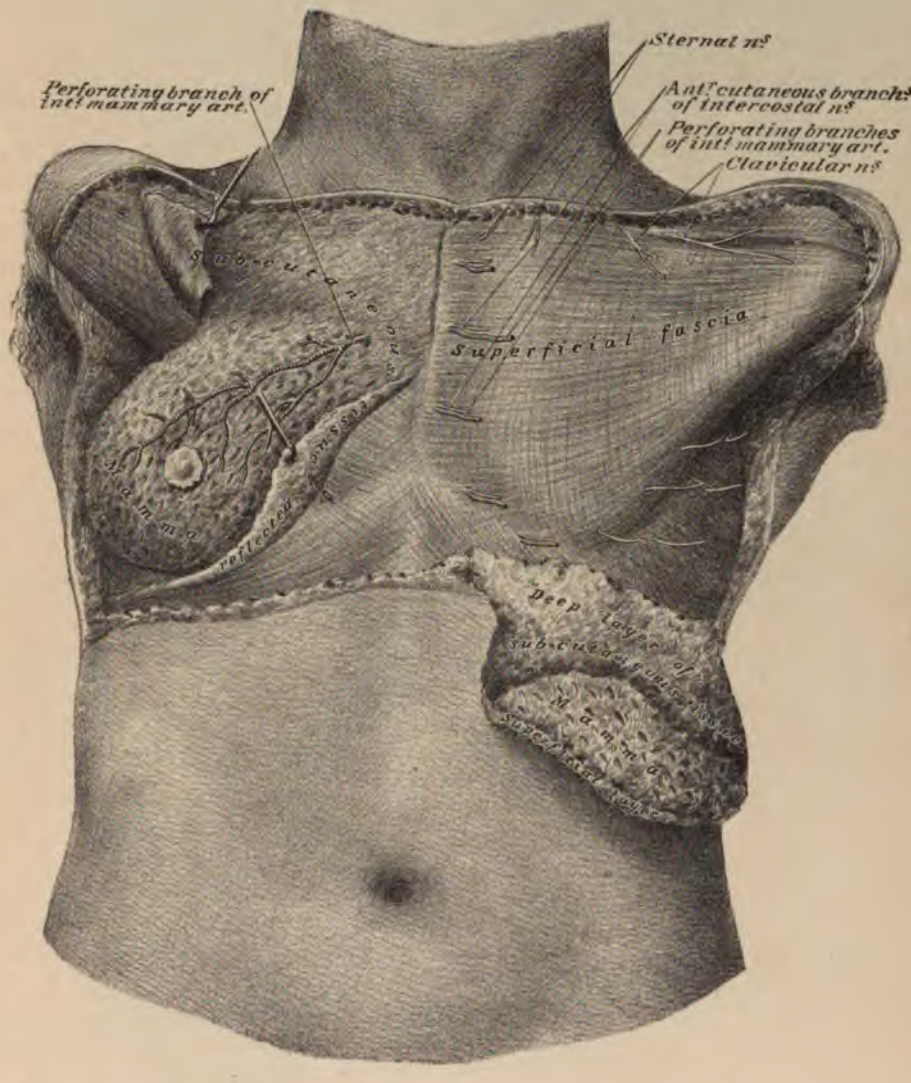

Acromio-clavicular lig.mt
ACROMION process
Coraco-humeral lig.mt
Tendon of BICEPS
DELTOID
LATISSIMUS DORSI
Coraco-acromial lig.mt
PECTORALIS MAJOR
Coraco-clavicular lig.mt
CORACO-BRACHIALIS & short head of BICEPS
PECTORALIS MINOR
CORACOID process
PECTORALIS MAJOR
Bicipital groove
Costo-clavicular lig.mt
Ant.r sterno-clavicular lig.mt
Inter-clavicular lig.mt
DELTOID
BICEPS
Orbicular lig.mt
RADIUS
TERES MAJOR
Long head of TRICEPS
CORACO-BRACHIALIS.
ULNA
Int.l lateral lig.mt
BRACHIALIS ANTICUS
PECTORALIS MINOR
M.Cohn, ad naturam del.

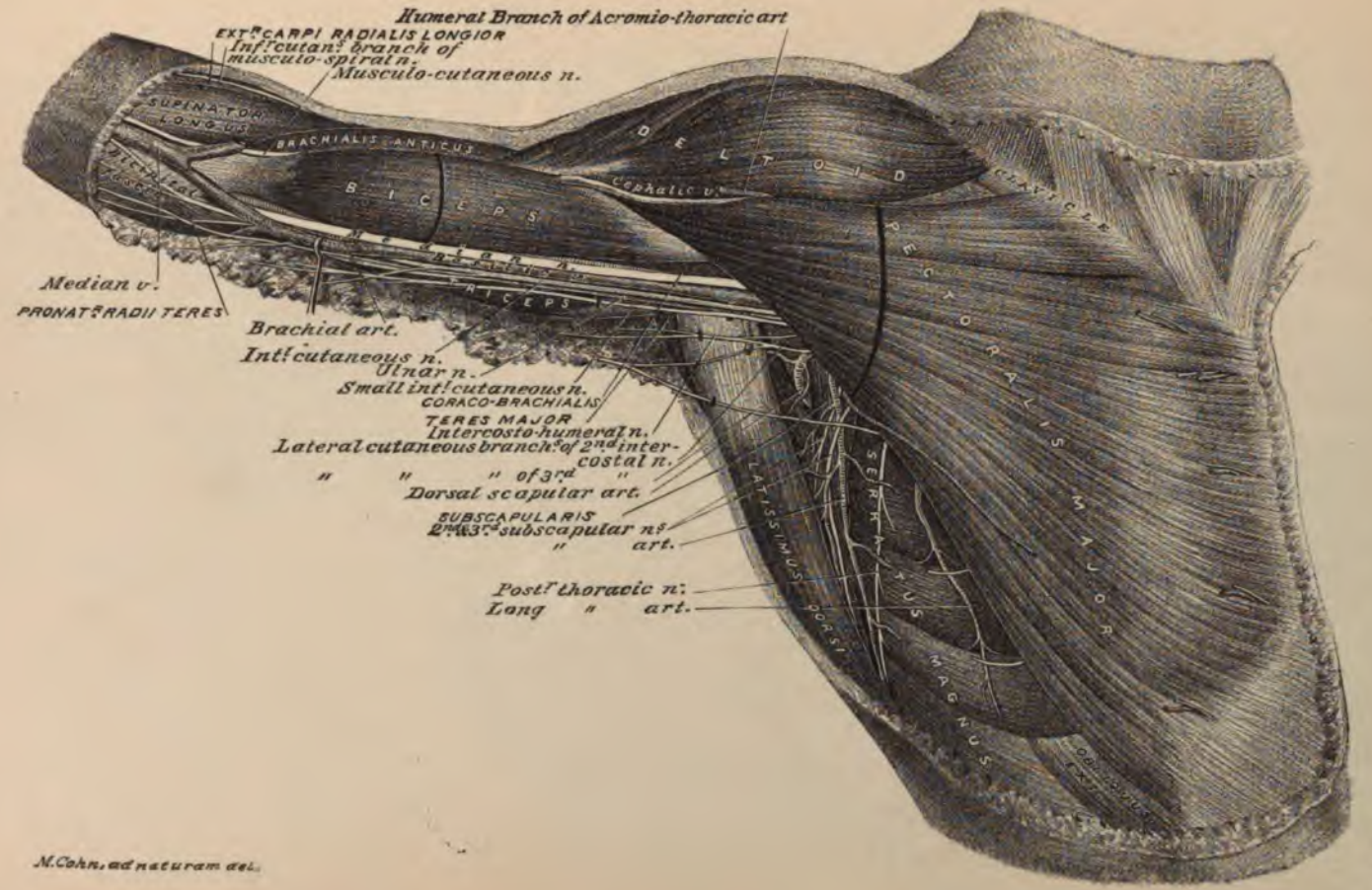
PLATE 113



M. Cohn, ad naturam del.

PLATE 115

Perforating branches of int! mammary art.
Ant! cutaneous branches of intercostal n.
Sternal
Platysma myoides
Acromial n.
Clavicular n.s
Axillary fascia
Intercosto-humeral n.
Lateral cutaneous branch of 2nd intercostal n.
" " " 3rd " "
Median n.
Radial n.
Int! cutaneous branch of musculo-spiral n.
Median cephalic v.
Median basilic v.
Common ulnar a.
Int! cutaneous n.
Branch of "
Branches of small int! cutaneous n.



M. Cohn, ad naturam del.

PLATE 118

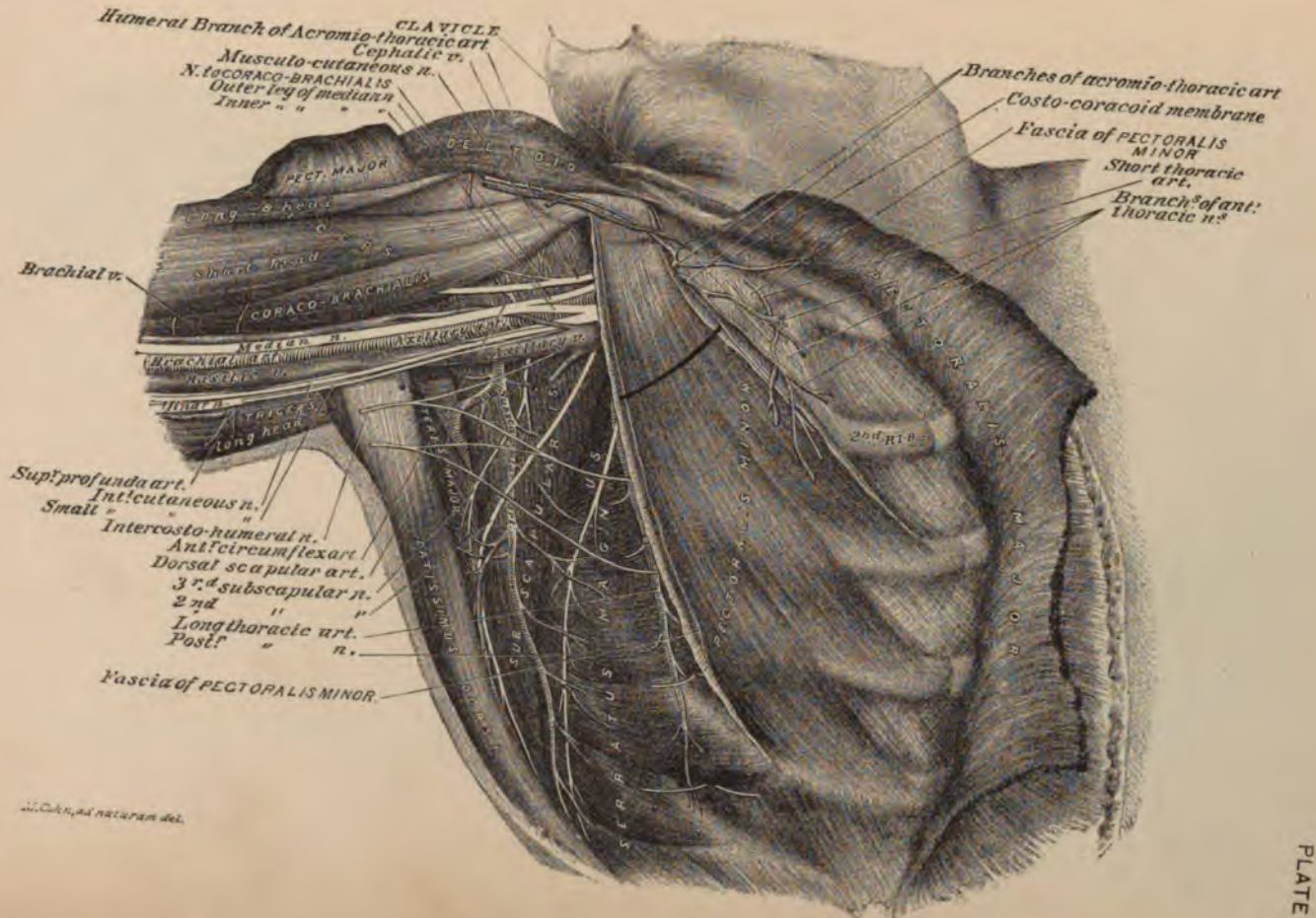

Humeral Branch of Acromio-thoracic art
CLAVICLE
Cephalic v.
Musculo-cutaneous n.
N. to CORACO-BRACHIALIS
Outer leg of median
Inner " " "
DELTOID
PECT. MAJOR
Long Head
Short Head
CORACO-BRACHIALIS
Brachial v.
Median n.
Brachial A.
Ulnar n.
Radial n.
Ulnar A.
TRICEPS
Long Head
Sup.r profunda art.
Int.l cutaneous n.
Small "
Intercosto-humeral n.
Ant.r circumflex art.
Dorsal scapular art.
3.rd subscapular n.
2nd " "
Long thoracic art.
Post.r " n.
Fascia of PECTORALIS MINOR
Branches of acromio-thoracic art
Costo-coracoid membrane
Fascia of PECTORALIS MINOR
Short thoracic art.
Branch.s of ant.r thoracic n.s
PECTORALIS MINOR
2nd RIB
SERRATUS MAGNUS
TERES MAJOR
LATISSIMUS DORSI
SUBSCAPULARIS
J.C. Cahn, ad naturam del.

PLATE 11

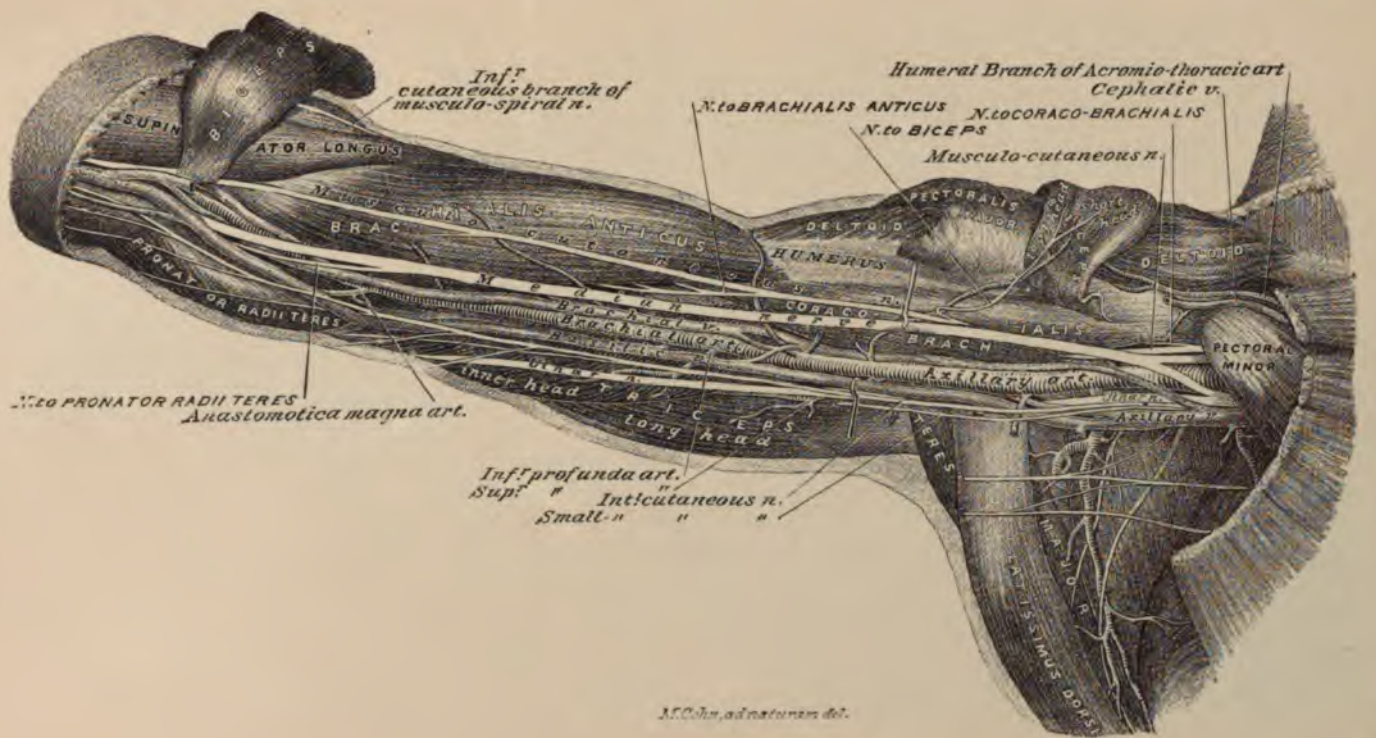
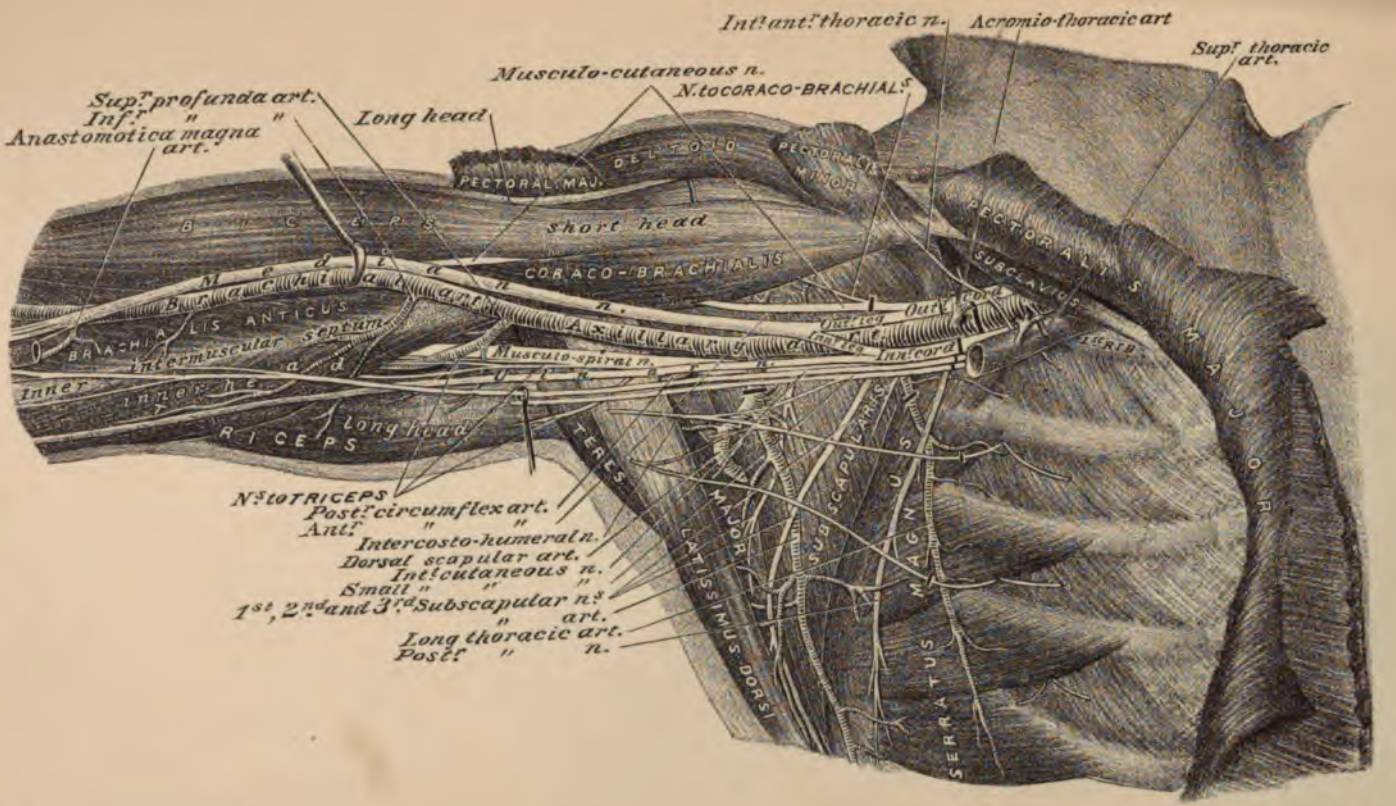
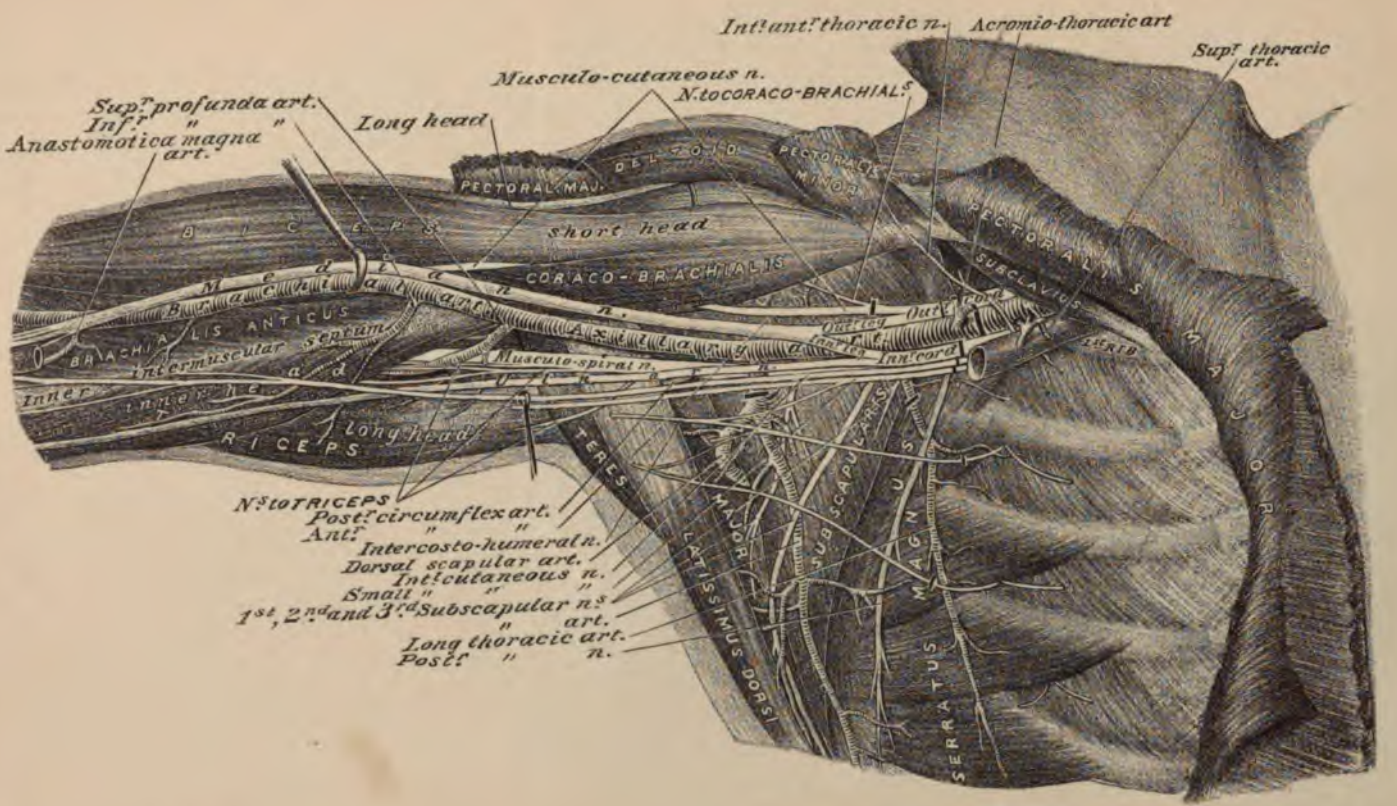

Inf.r cutaneous branch of musculo-spiral n.
Humeral Branch of Acromio-thoracic art
Cephalic v.
N. to BRACHIALIS ANTICUS
N. to CORACO-BRACHIALIS
N. to BICEPS
Musculo-cutaneous n.
SUPIN
ATOR LONGUS
BRACHIALIS ANTICUS
PECTORALIS MAJOR
DELTOID
HUMERUS
CORACO
BRACH
PRONATOR RADII TERES
PECTORAL MINOR
Axillary a.
Axillary v.
N. to PRONATOR RADII TERES
Anastomotica magna art.
inner head
TRICEPS
long head
Inf.r profunda art.
Sup.r " "
Int.l cutaneous n.
Small- " " "
TERES
INFRASPINATUS
LATISSIMUS DORSI
M.C.Ihn, ad naturam del.

PLATE 118



M. Cohn, ad naturam del.

PLATE 119



M. Cohn, ad naturam del.

PLATE 119

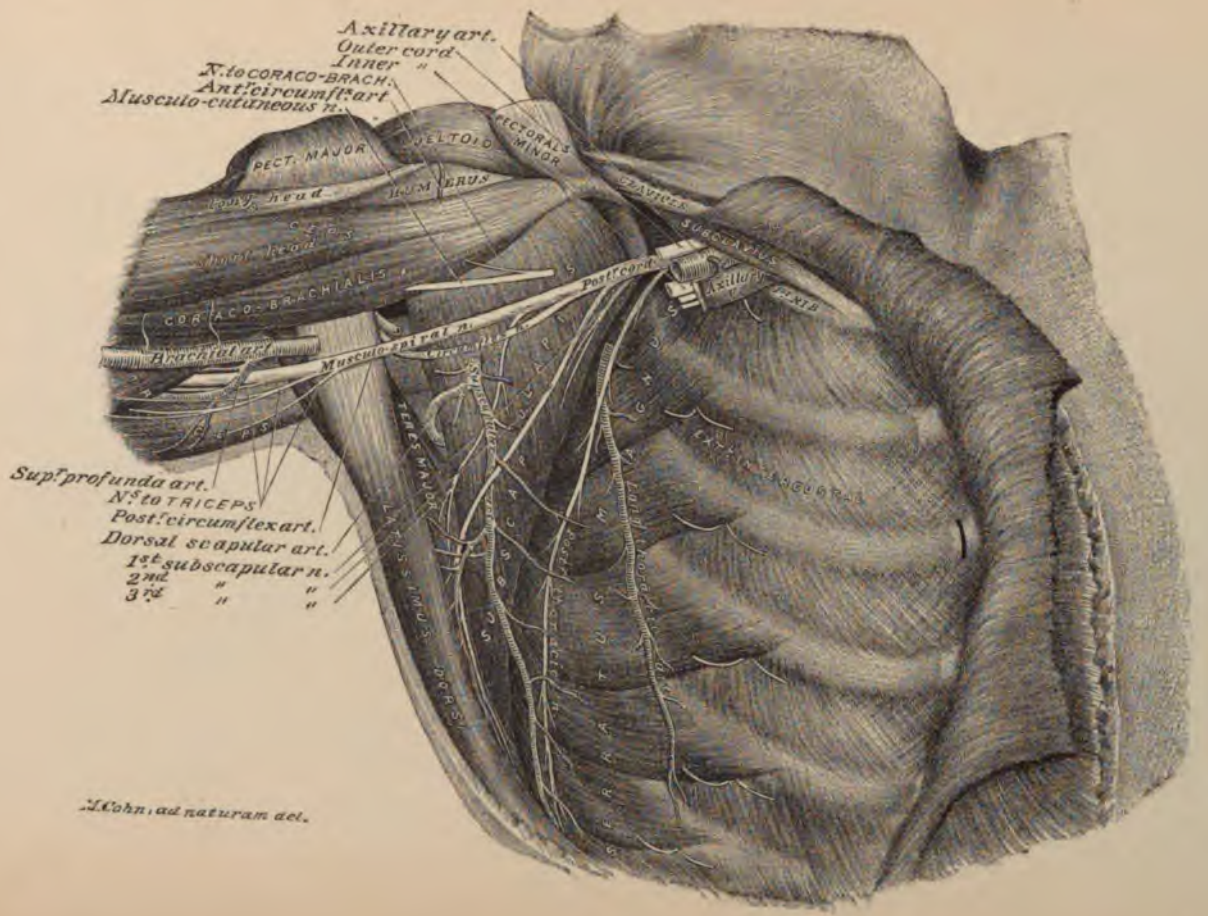

Axillary art.
Outer cord
Inner "
N.to CORACO-BRACH.
Ant.r circumfl.x art
Musculo-cutaneous n.
PECT. MAJOR
DELTOID
PECTORALIS MINOR
Long head
Short head
CORACO-BRACHIALIS
Brachial art.
Musculo-spiral n.
SUBSCAPULARIS
Axillary
TERES MAJOR
LATISSIMUS DORSI
Sup.r profunda art.
N.s to TRICEPS
Post.r circumflex art.
Dorsal scapular art.
1st subscapular n.
2nd " "
3rd " "
M.Cohn, ad naturam del.

PLATE 120

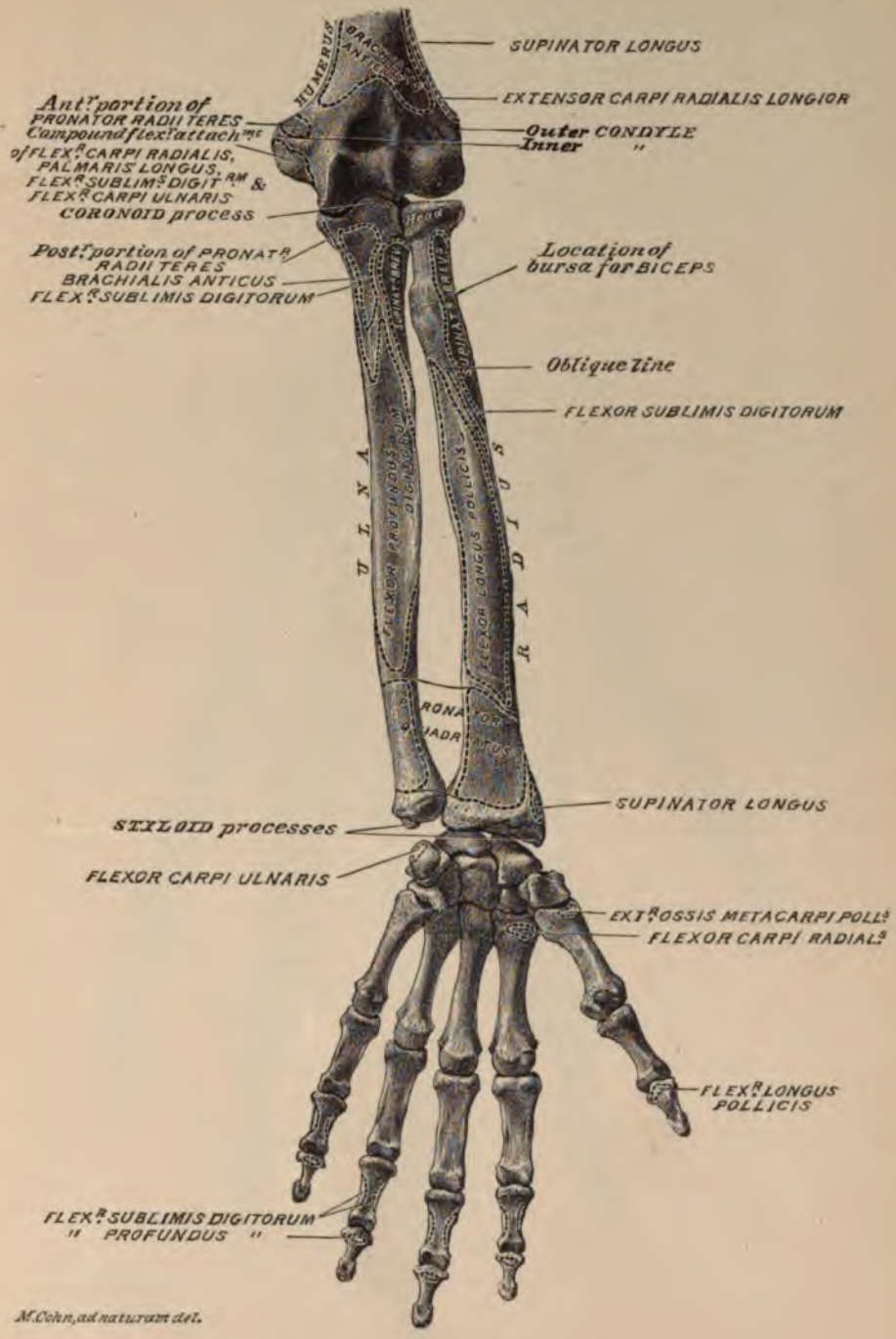

SUPINATOR LONGUS
EXTENSOR CARPI RADIALIS LONGIOR
Outer CONDYLE
Inner "
Ant.r portion of PRONATOR RADII TERES
Compound flex.r attach.mt of FLEX.R CARPI RADIALIS, PALMARIS LONGUS, FLEX.R SUBLIM.S DIGIT.RM & FLEX.R CARPI ULNARIS
CORONOID process
Post.r portion of PRONAT.R RADII TERES
BRACHIALIS ANTICUS
FLEX.R SUBLIMIS DIGITORUM
Location of bursa for BICEPS
Oblique line
FLEXOR SUBLIMIS DIGITORUM
SUPINATOR LONGUS
STYLOID processes
FLEXOR CARPI ULNARIS
EXT.R OSSIS METACARPI POLL.S
FLEXOR CARPI RADIAL.S
FLEX.R LONGUS POLLICIS
FLEX.R SUBLIMIS DIGITORUM
" PROFUNDUS "
M. Cohn, ad naturam del.

PLATE 122

ULNA
RADIUS
TRAPEZOID
ABDUCTOR POLLICIS
OPPONENS "
FLEXOR BREVIS POLLICIS
TRAPEZIUM
ABDUCTOR MINIMI DIGITI
FLEXR BREVS "
OPPONENS "
ABDUCTOR POLLS
FLEXR BREVS "out! hd.
" " "inn! "
ADDR POLLS
ABDR MIN. DIG. & FLEXR BREV. MIN. DIGITI
Base
Head
Base
Head
Base
Head
Base
1st P.S.
M. Cohn, ad naturam del.

PLATE 123

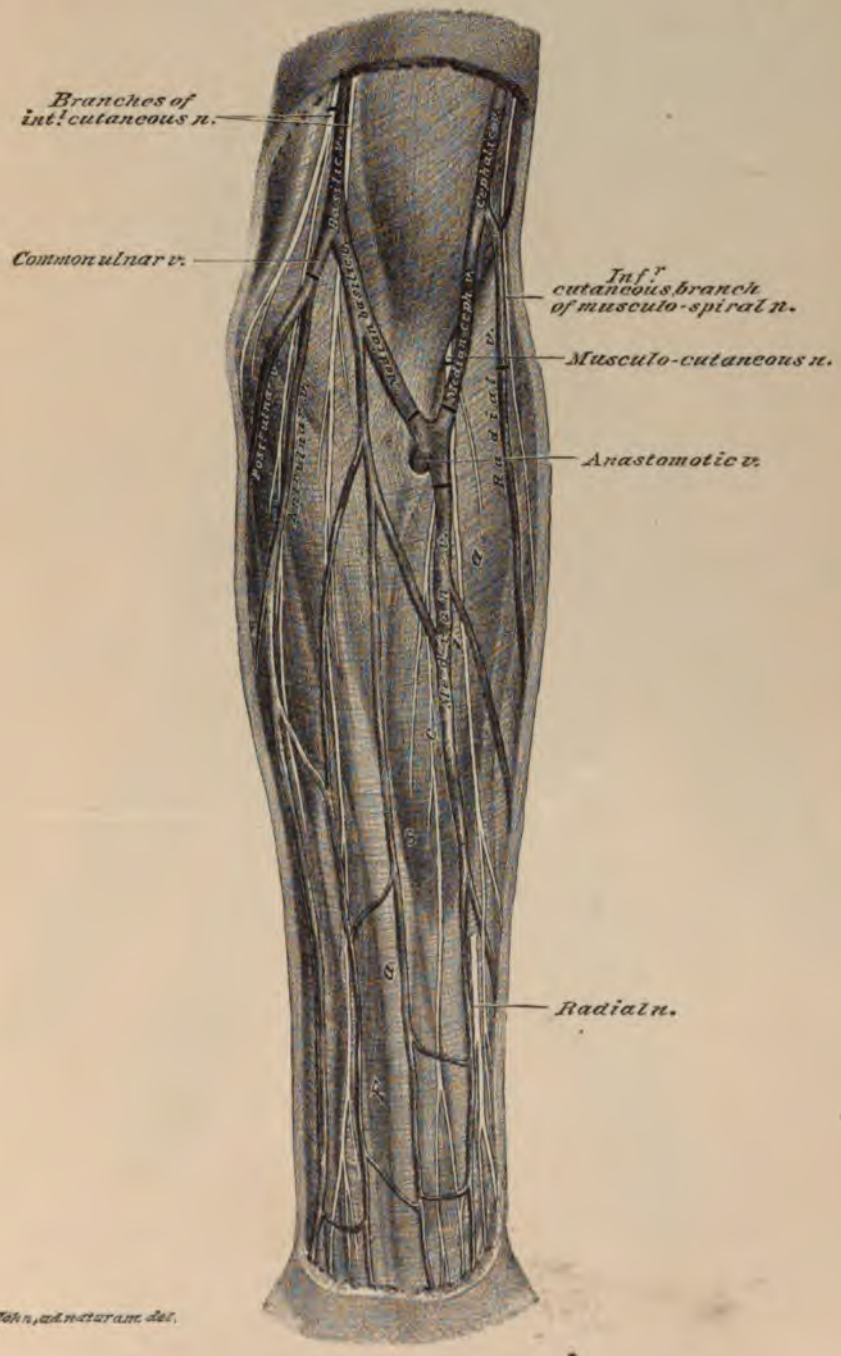
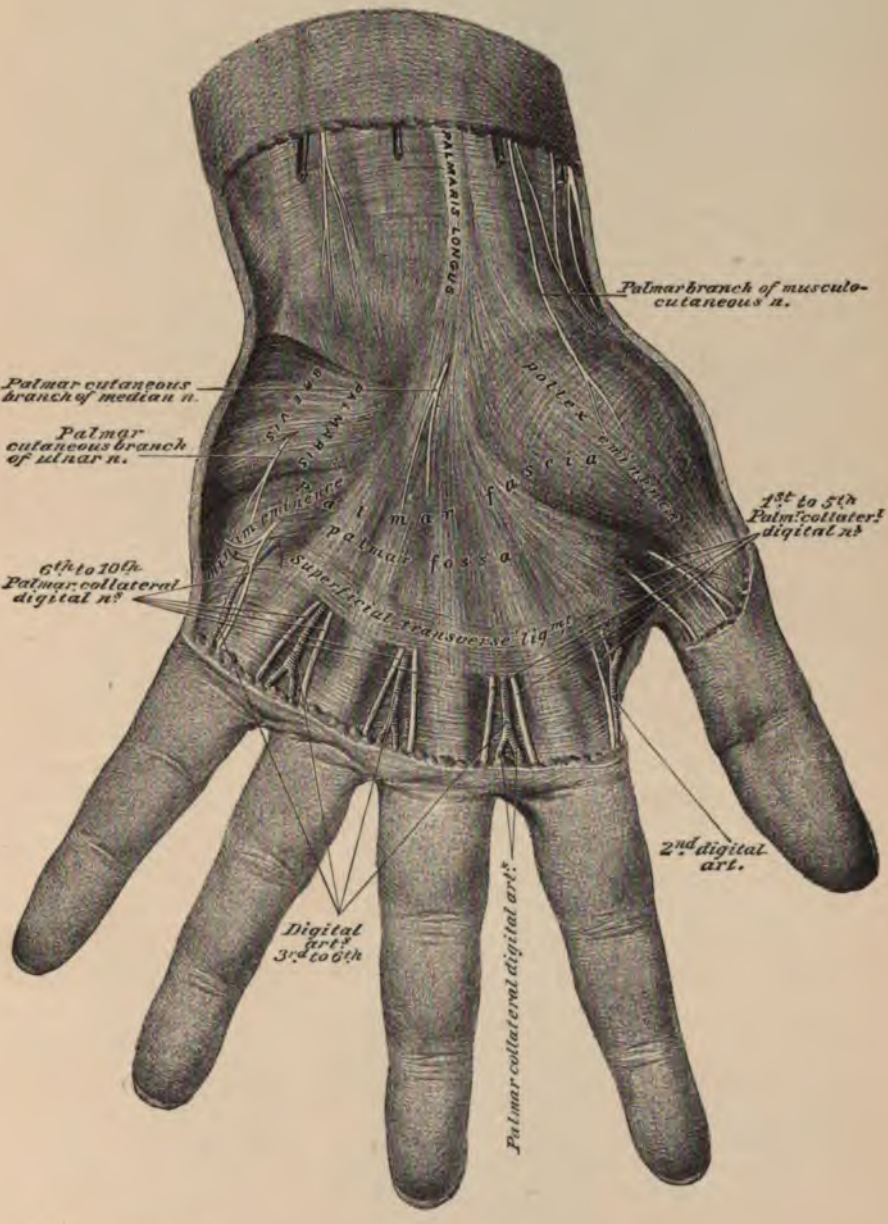

Branches of int! cutaneous n.
Common ulnar v.
Inf.r cutaneous branch of musculo-spiral n.
Musculo-cutaneous n.
Anastomotic v.
Radial n.
M. Cohn, ad naturam del.

PLATE 124


PALMARIS LONGUS
Palmar branch of musculo-cutaneous n.
Palmar cutaneous branch of median n.
Palmar cutaneous branch of ulnar n.
palmaris brevis
palmar fascia
palmar fascia
superficial transverse lig.ᵐᵉⁿᵗ
1st to 5th Palm.r collater.l digital nrs
6th to 10th Palmar collateral digital nrs
2nd digital art.
Digital arts 3rd to 6th
Palmar collateral digital arts

M. Cohn, ad naturam del.

PLATE 125

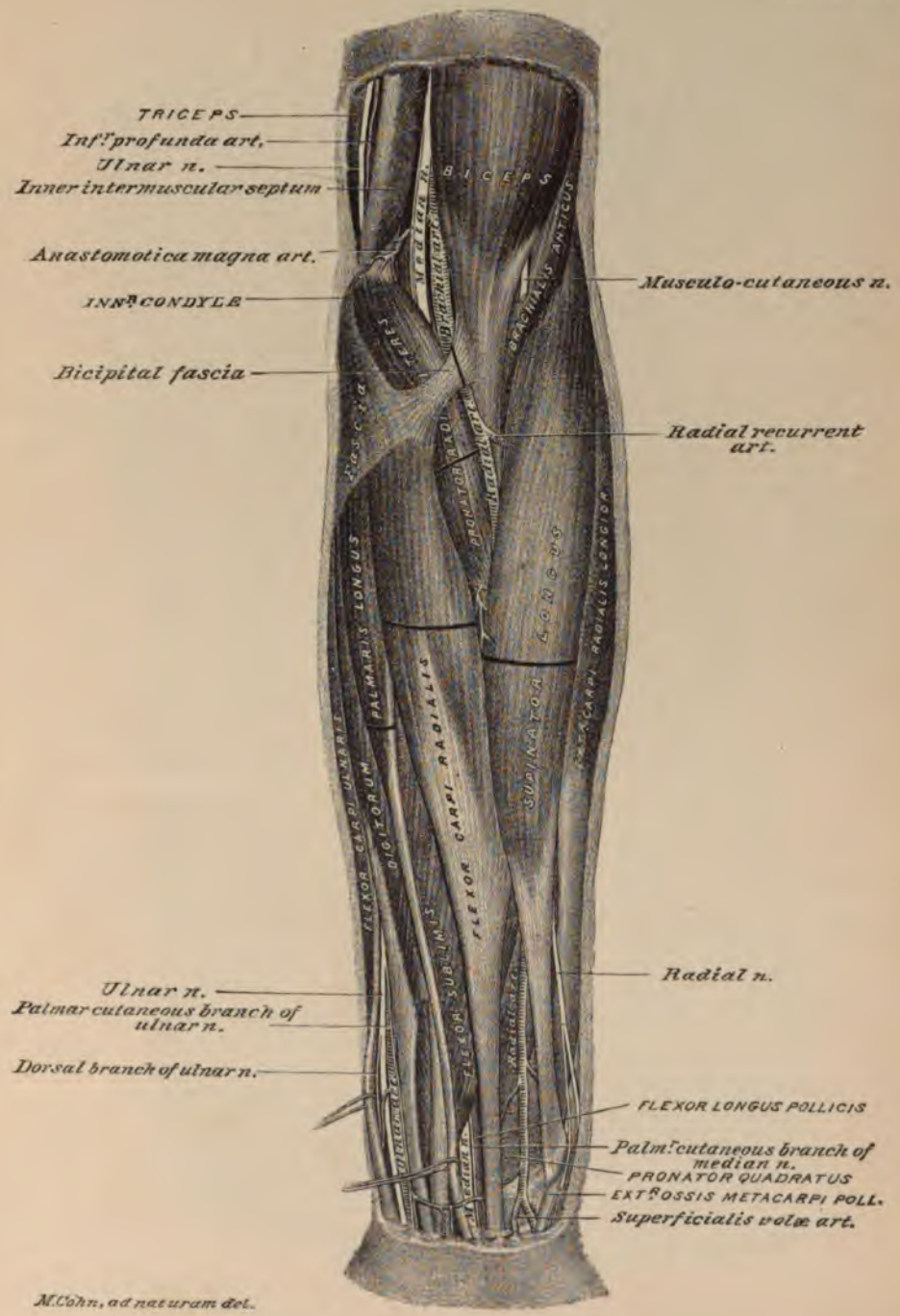
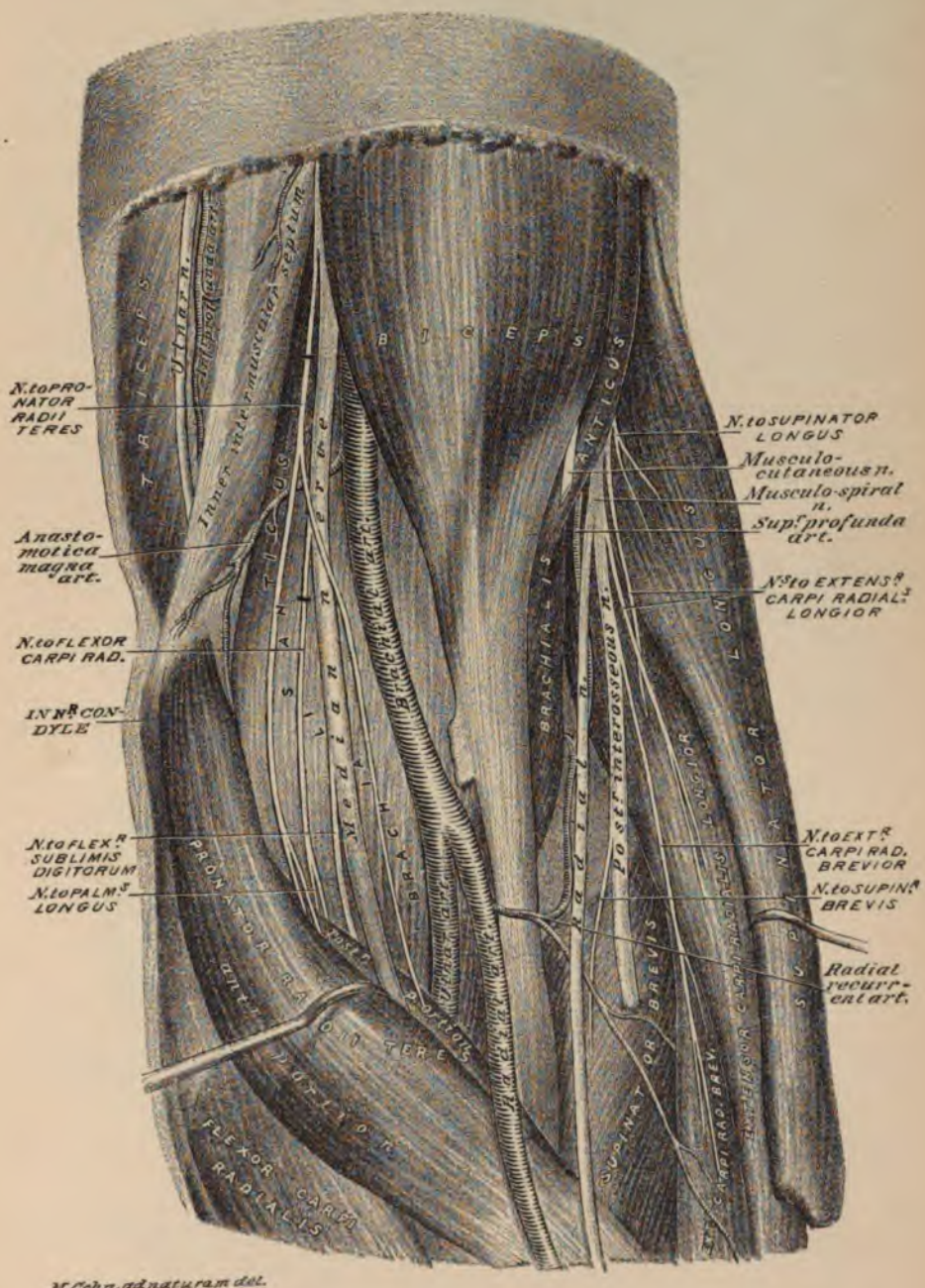

TRICEPS
Inf.r profunda art.
Ulnar n.
Inner intermuscular septum
Anastomotica magna art.
INN.a CONDYLE
Bicipital fascia
Musculo-cutaneous n.
Radial recurrent art.
Ulnar n.
Palmar cutaneous branch of ulnar n.
Dorsal branch of ulnar n.
Radial n.
FLEXOR LONGUS POLLICIS
Palm.r cutaneous branch of median n.
PRONATOR QUADRATUS
EXT.R OSSIS METACARPI POLL.
Superficialis volæ art.
BICEPS
Median n.
BRACHIALIS ANTICUS
PRONATOR RAD.
PALMARIS LONGUS
FLEXOR CARPI RADIALIS
SUPINATOR LONGUS
FLEXOR CARPI ULNARIS
DIGITORUM SUBLIMIS
Radialis ext.
M. Cohn, ad naturam del.

PLATE 126



M. Celia. ad naturam del.

PLATE 127

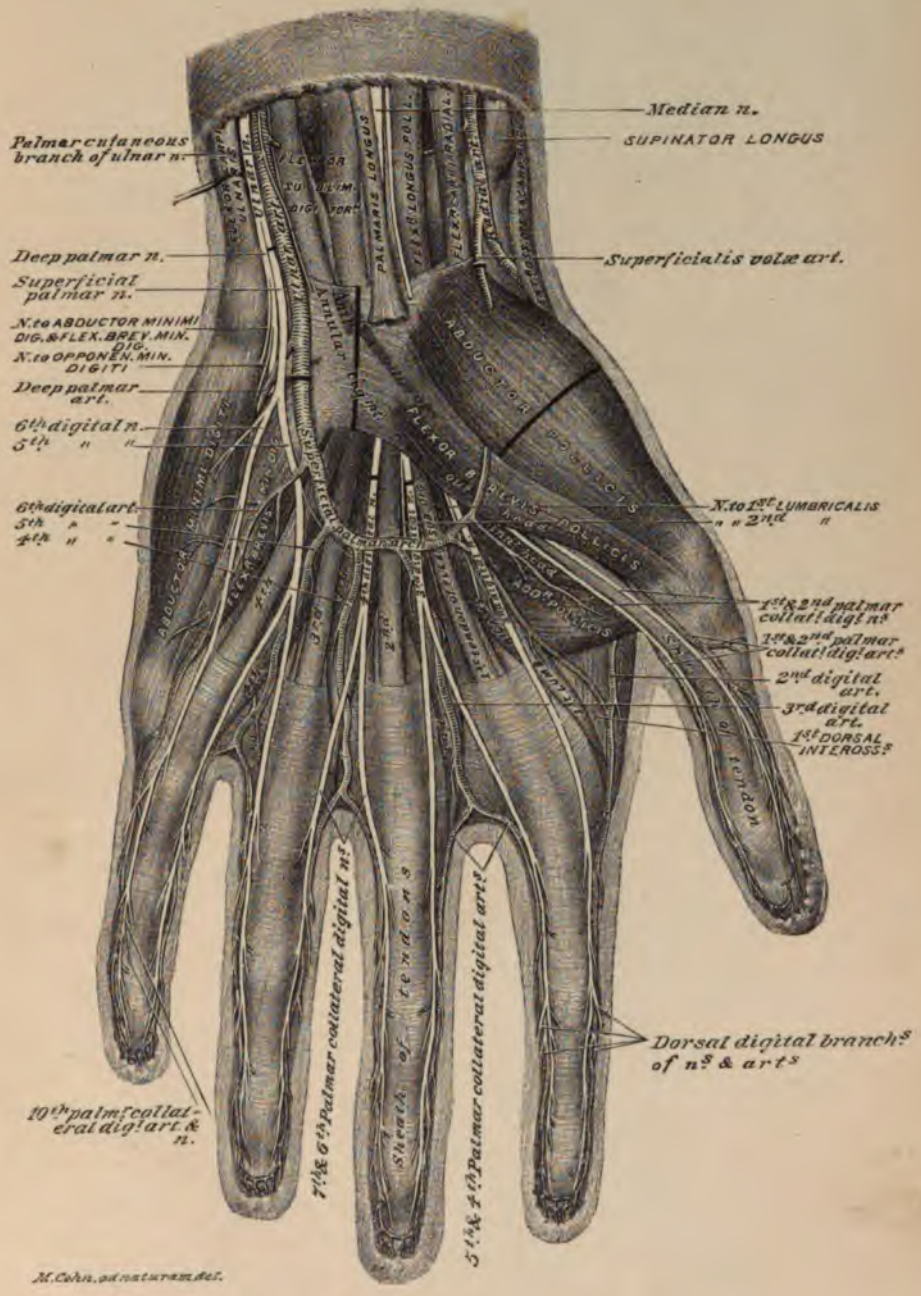

Median n.
SUPINATOR LONGUS
Palmar cutaneous branch of ulnar n.
Deep palmar n.
Superficial palmar n.
N. to ABDUCTOR MINIMI DIG. & FLEX. BREV. MIN. DIG.
N. to OPPONEN. MIN. DIGITI
Deep palmar art.
6th digital n.
5th " "
Superficialis volæ art.
6th digital art.
5th " "
4th " "
N. to 1st LUMBRICALIS
" " 2nd "
1st & 2nd palmar collat! digit nS
1st & 2nd palmar collat! digit arts
2nd digital art.
3rd digital art.
1st DORSAL INTEROSS.
Dorsal digital branchs of nS & artS
10th palm! collateral digit art & n.
7th & 6th Palmar collateral digital nS.
5th & 4th Palmar collateral digital artS.
M. Cohn. ad naturam del.

PLATE 127

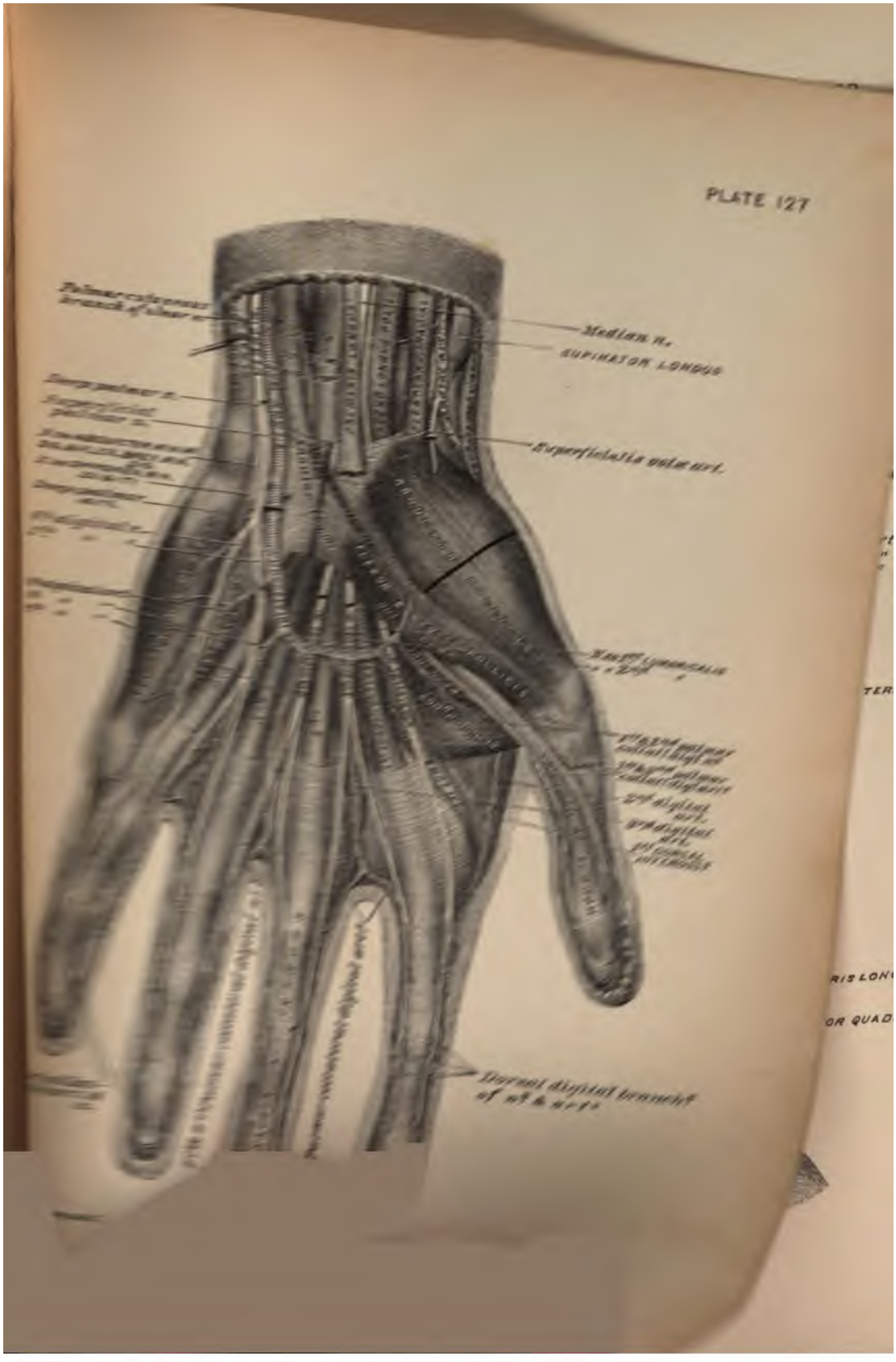
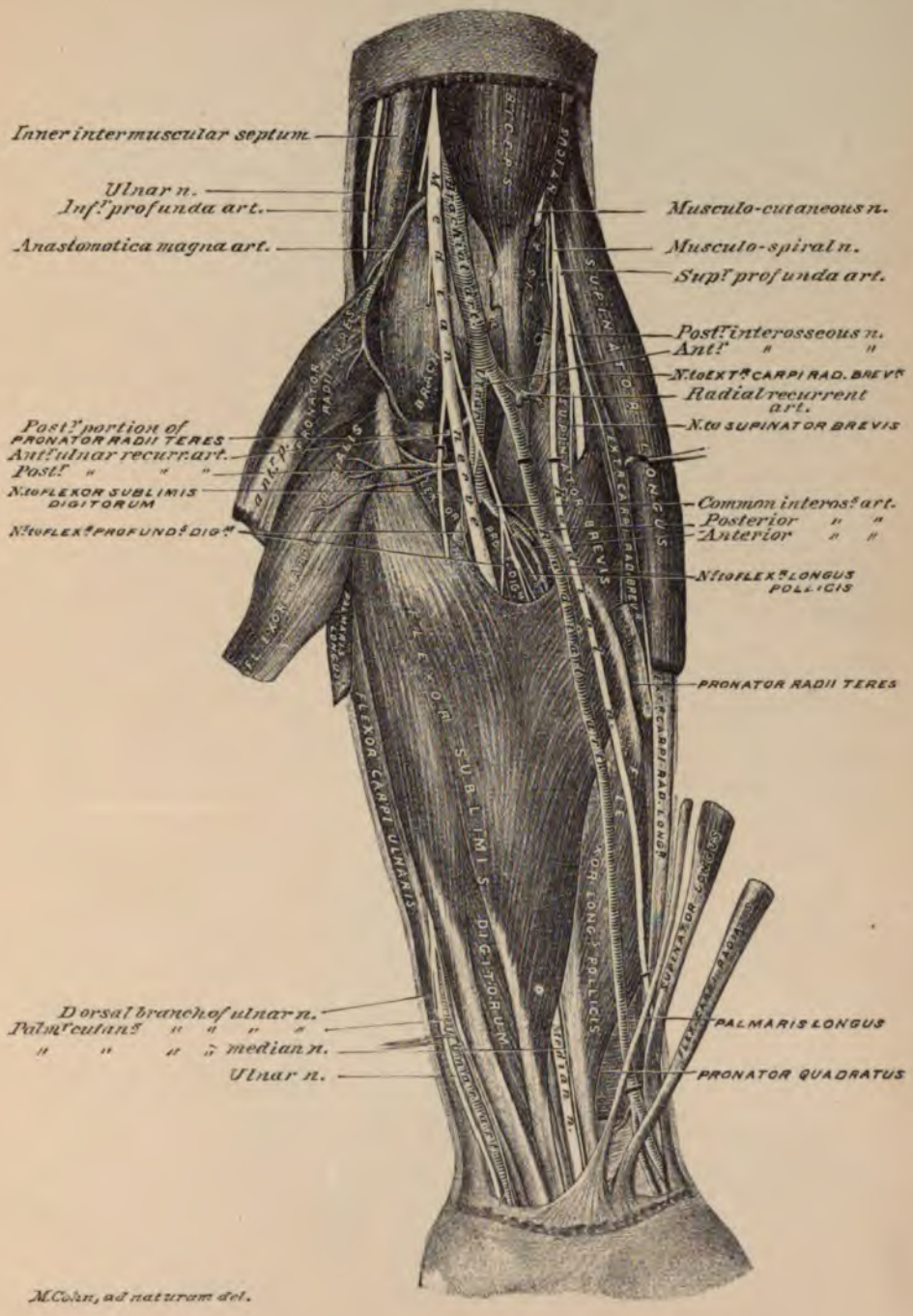


PLATE 128


Inner intermuscular septum
Ulnar n.
Inf.r profunda art.
Anastomotica magna art.
Post.r portion of PRONATOR RADII TERES
Ant.r ulnar recurr.t art.
Post.r " " "
N.to FLEXOR SUBLIMIS DIGITORUM
N.to FLEX.r PROFUND.s DIG.m
Dorsal branch of ulnar n.
Palm.r cutan.s " " " "
" " " " median n.
Ulnar n.
Musculo-cutaneous n.
Musculo-spiral n.
Sup.r profunda art.
Post.r interosseous n.
Ant.r " "
N.to EXT.s CARPI RAD. BREV.s
Radial recurrent art.
N.to SUPINATOR BREVIS
Common interos.s art.
Posterior " "
Anterior " "
N.to FLEX.s LONGUS POLLICIS
PRONATOR RADII TERES
PALMARIS LONGUS
PRONATOR QUADRATUS
M. Colin, ad naturam del.

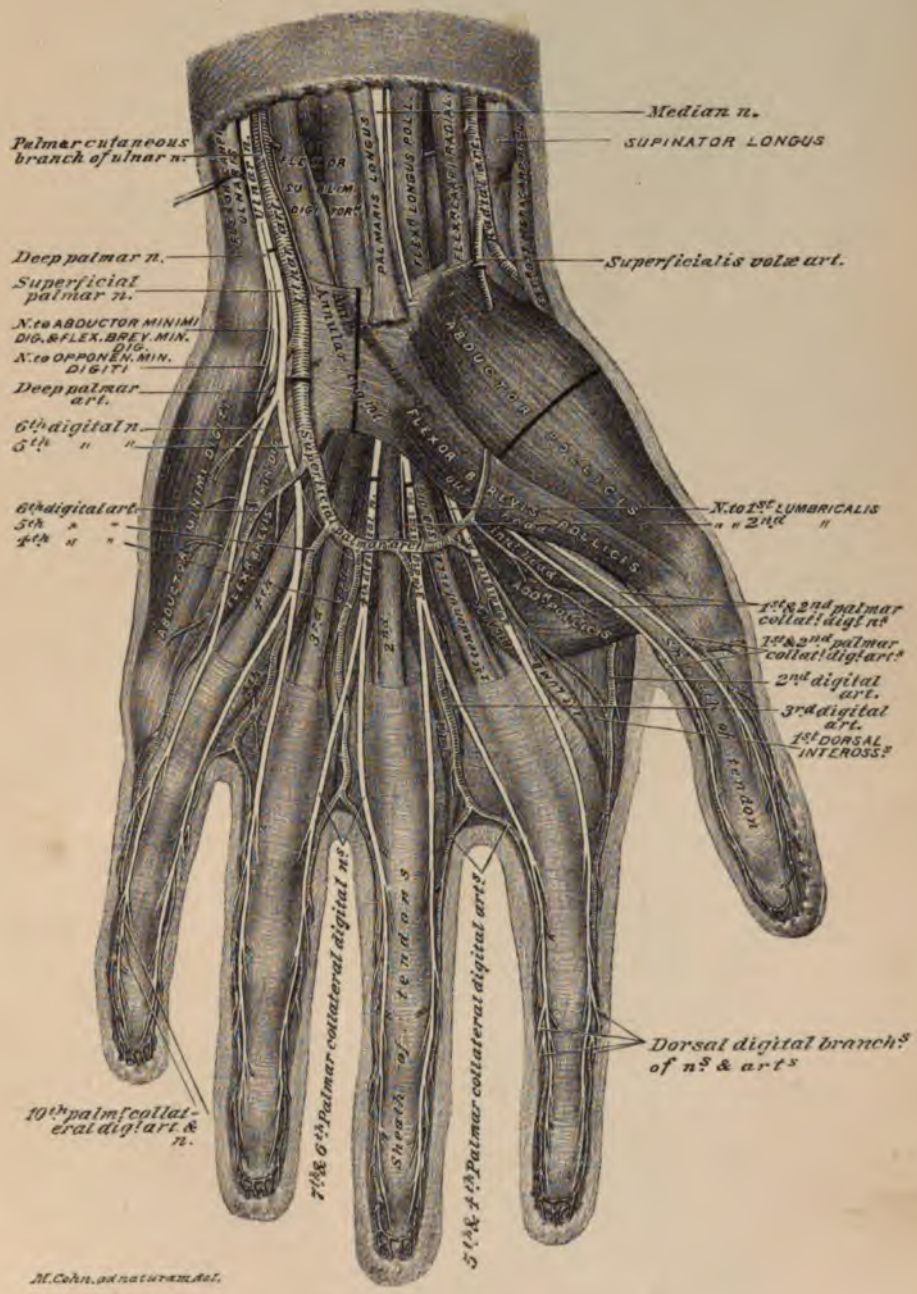
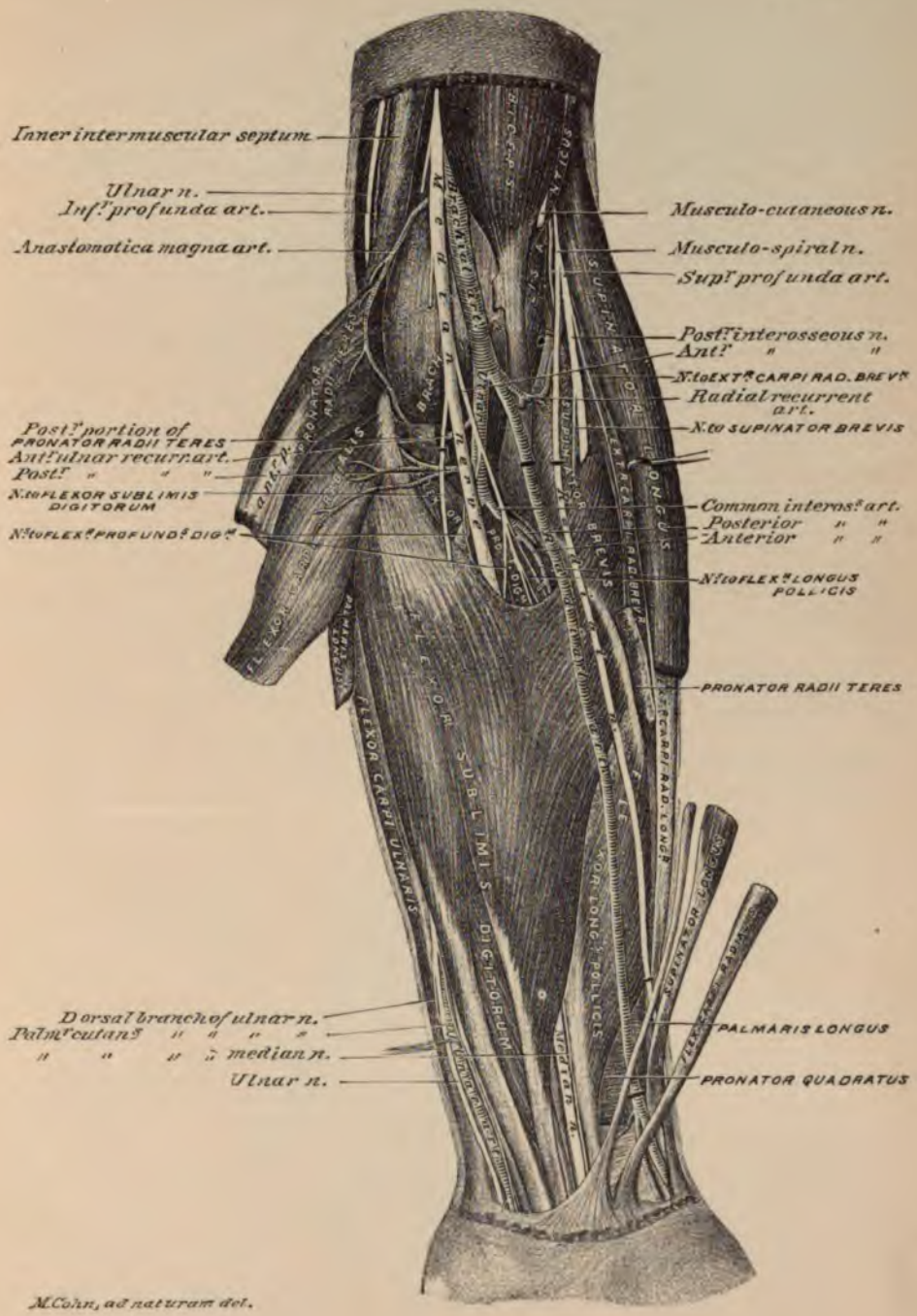
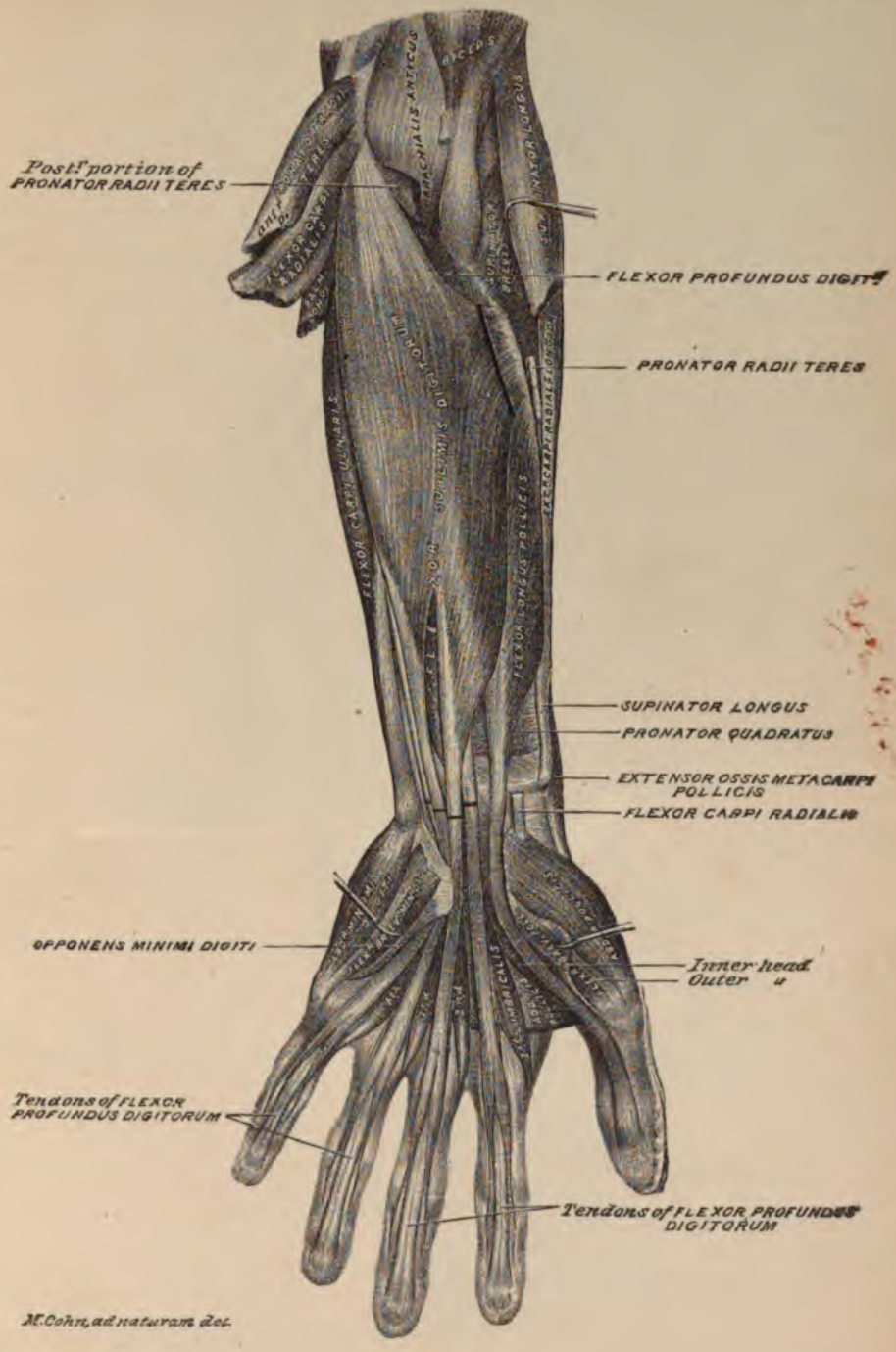

Median n.
SUPINATOR LONGUS
Palmar cutaneous branch of ulnar n.
Deep palmar n.
Superficialis volæ art.
Superficial palmar n.
N. to ABDUCTOR MINIMI DIG. & FLEX. BREV. MIN. DIG.
N. to OPPONEN. MIN. DIGITI
Deep palmar art.
6th digital n.
5th " "
6th digital art.
5th " "
4th " "
N. to 1st LUMBRICALIS
" " 2nd "
1st & 2nd palmar collat! digl nS
1st & 2nd palmar collat! digl artS
2nd digital art.
3rd digital art.
1st DORSAL INTEROSS.
Dorsal digital branchS of nS & artS
10th palmr collat- eral digl art. & n.
7th & 6th Palmar collateral digital nS.
5th & 4th Palmar collateral digital artS.
M. Cohn. ad naturam del.

PLATE 128



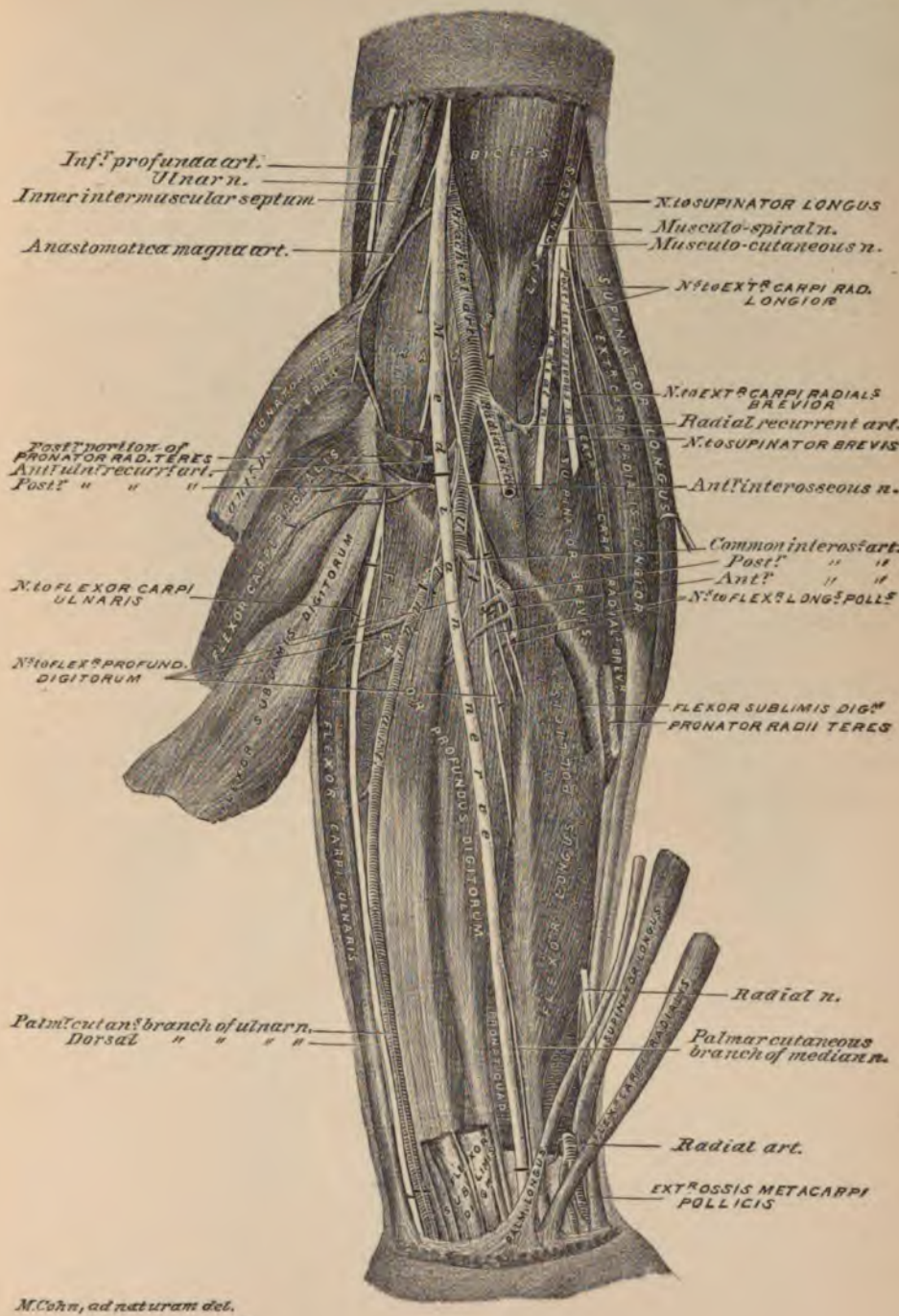
M.Cohn, ad naturam del.

PLATE 129



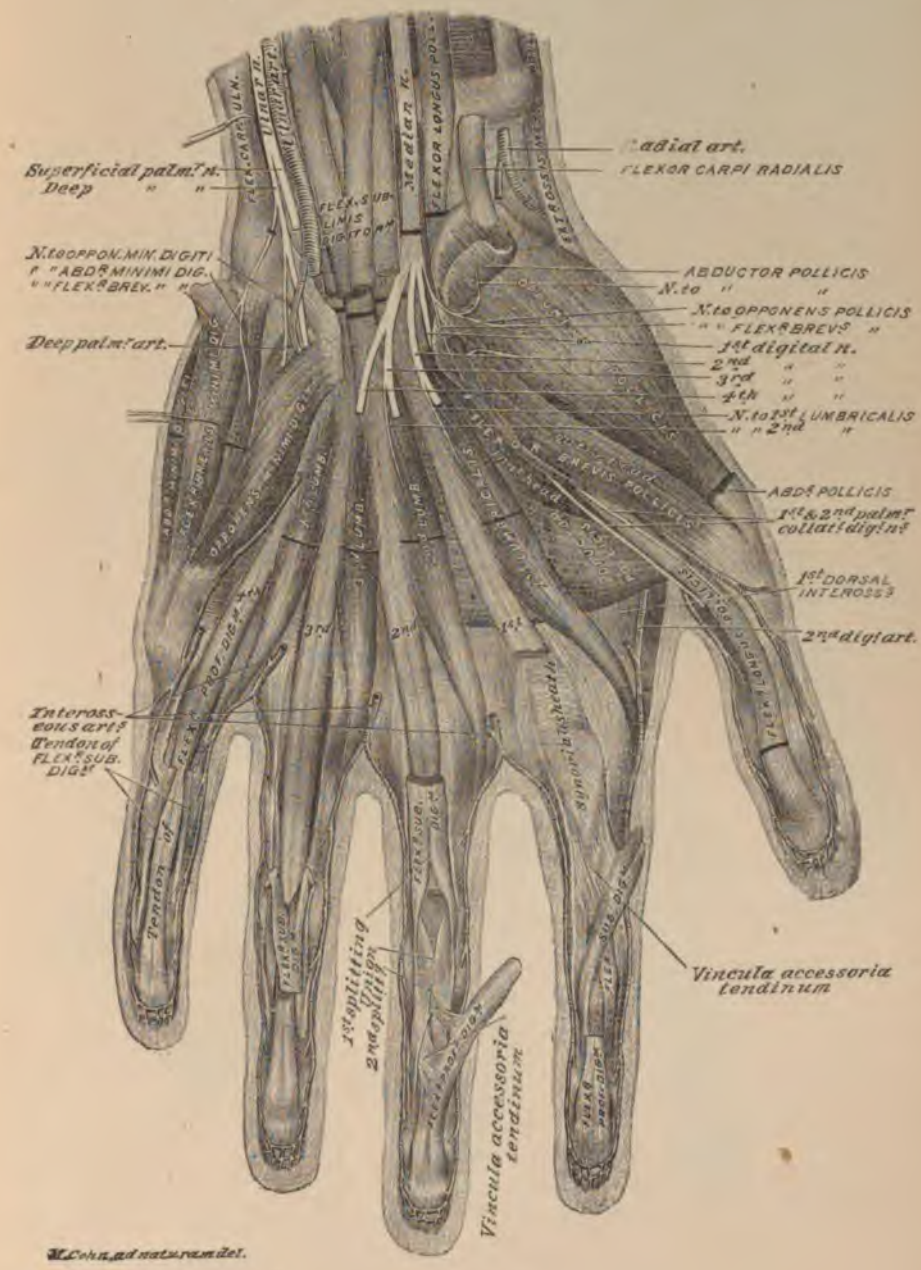
M. Cohn, ad naturam del.

PLATE 130



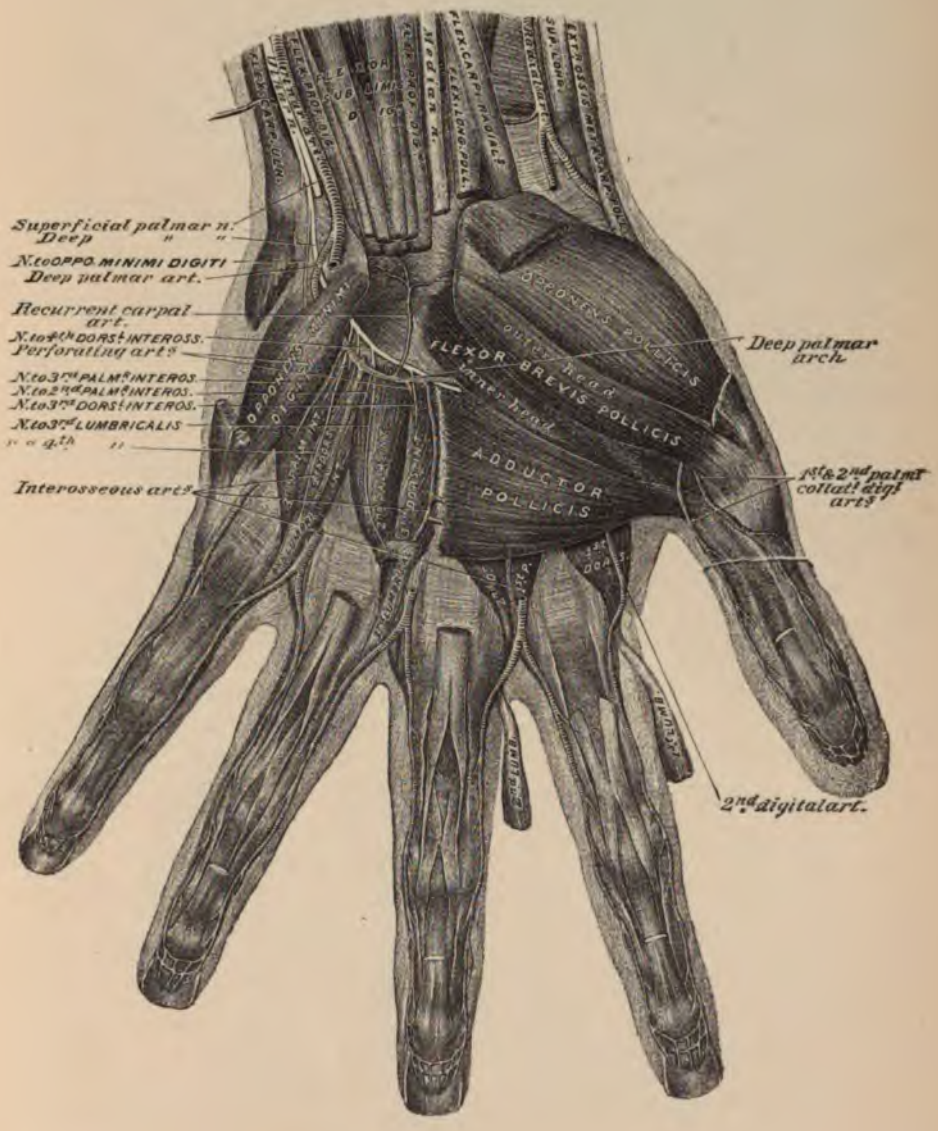
M.Cohn, ad naturam del.

PLATE 131



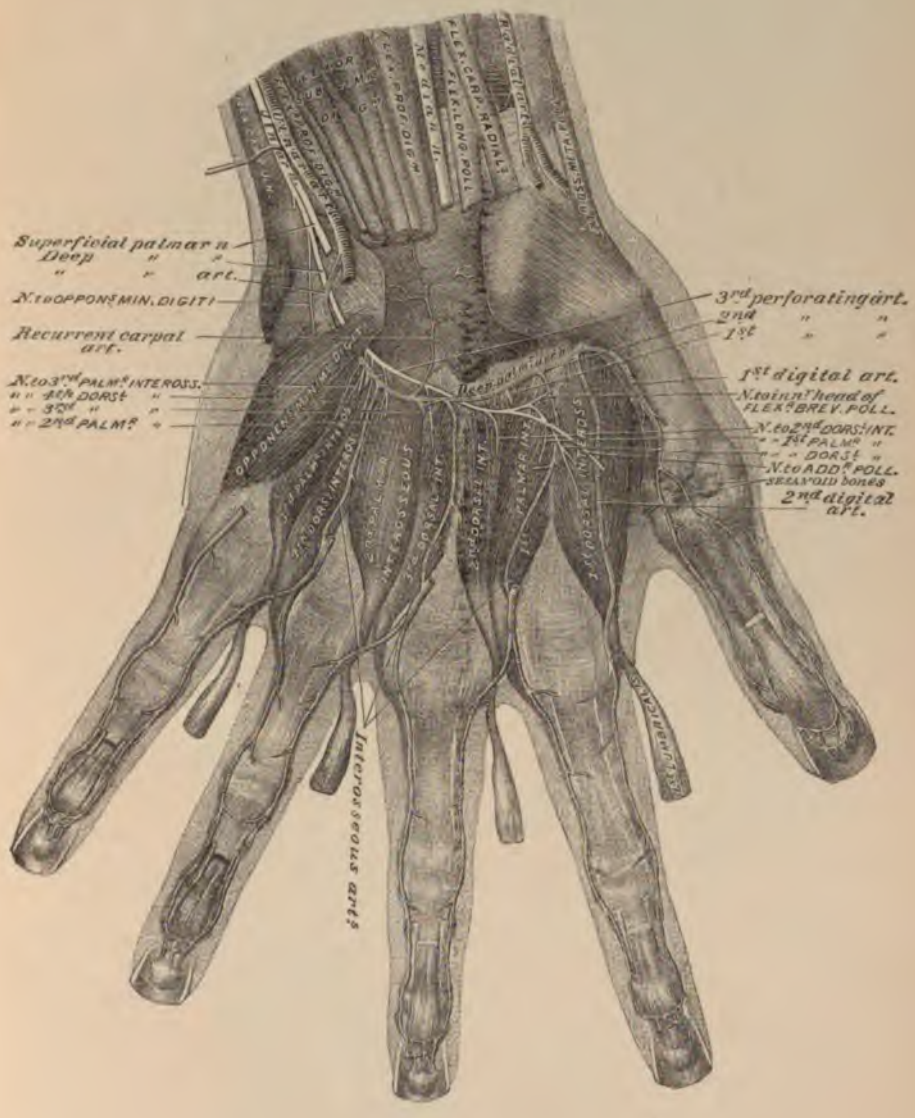
W. Cohn, ad naturam del.

PLATE 132

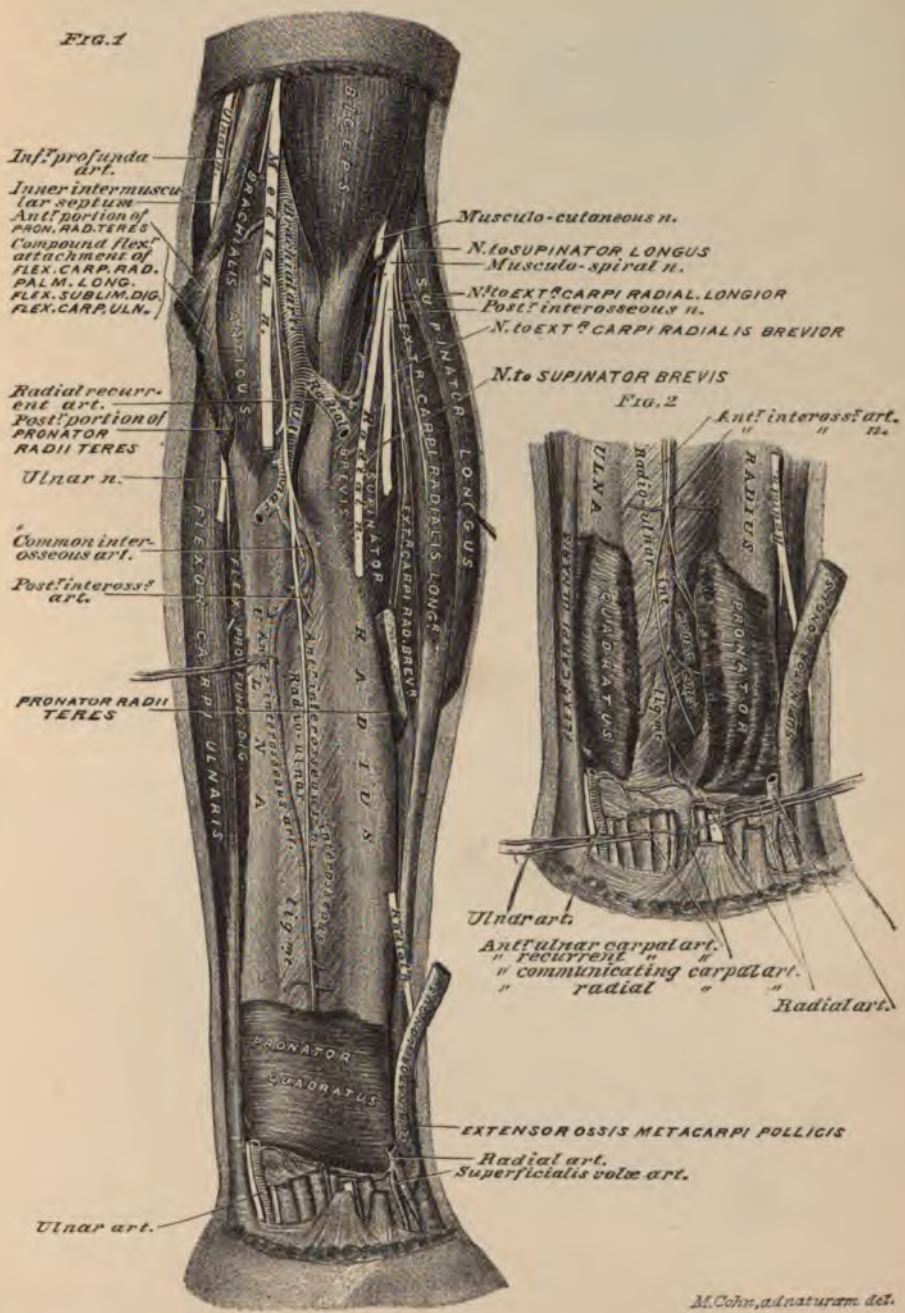


M Cohn, ad naturam del.

PLATE 133



M. Cohn, ad naturam del.



M. Cohn, ad naturam del.

FIG. 1

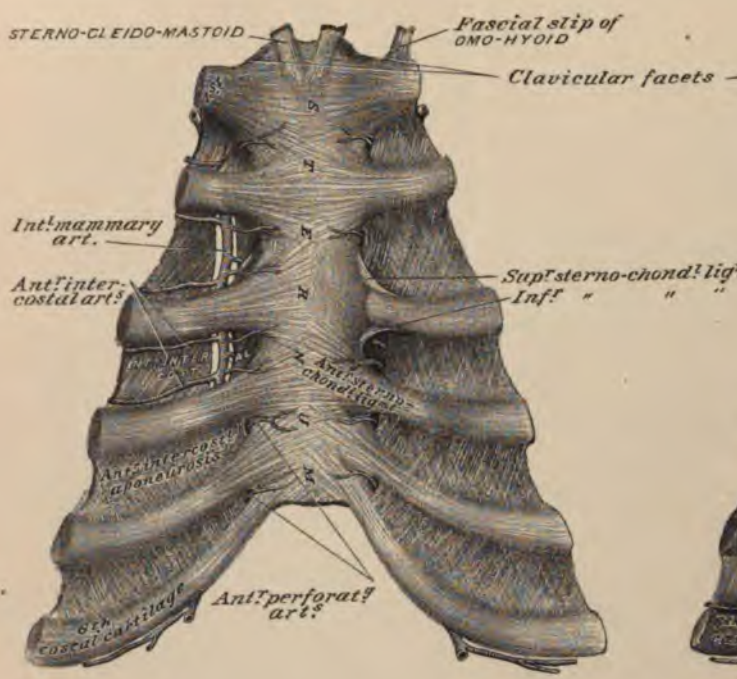
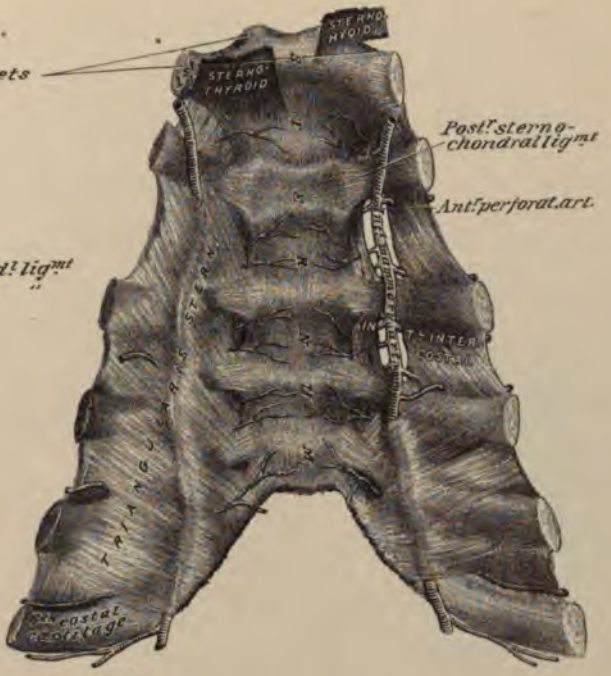
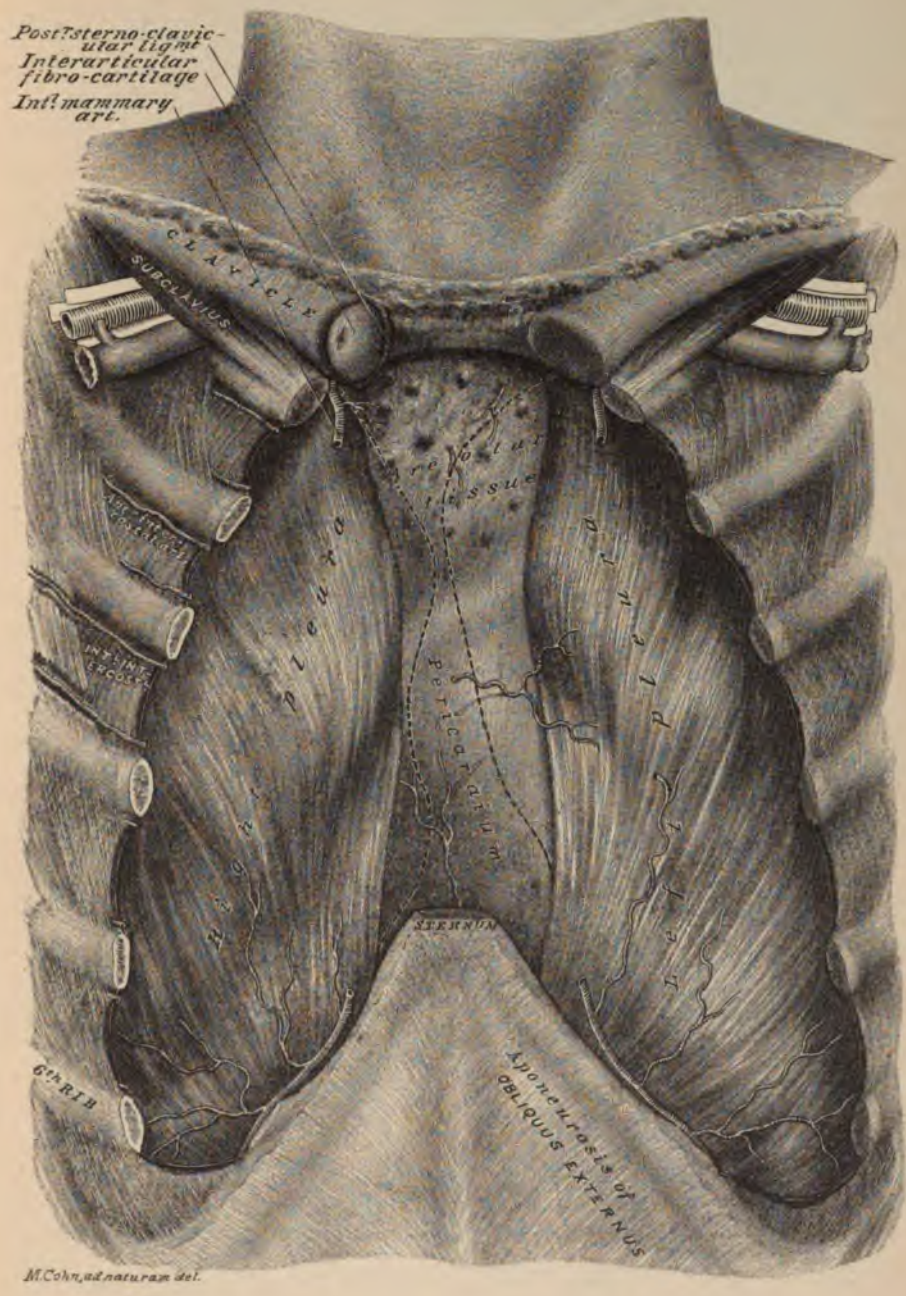


FIG. 2

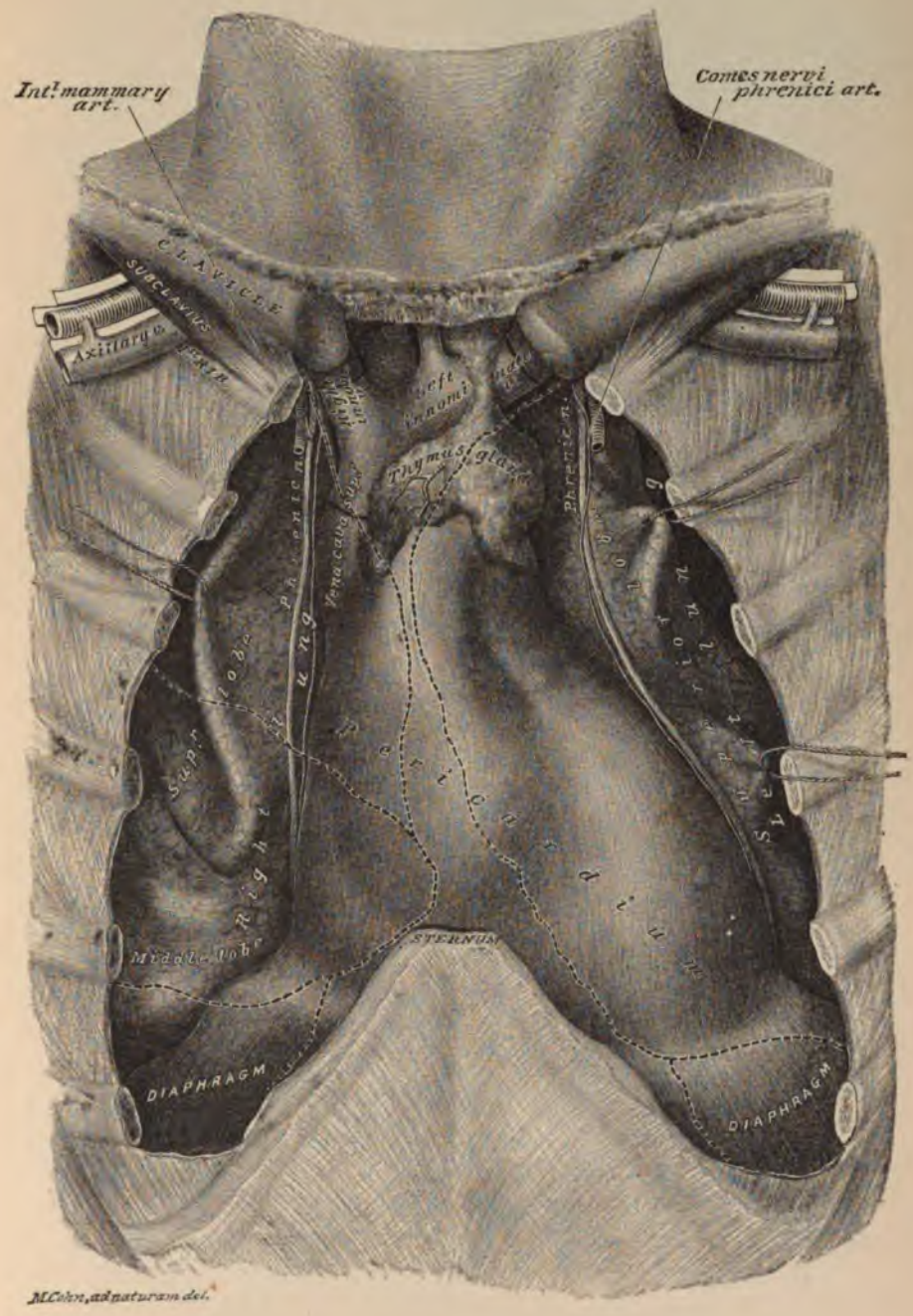


M. Cohn, ad naturam del.

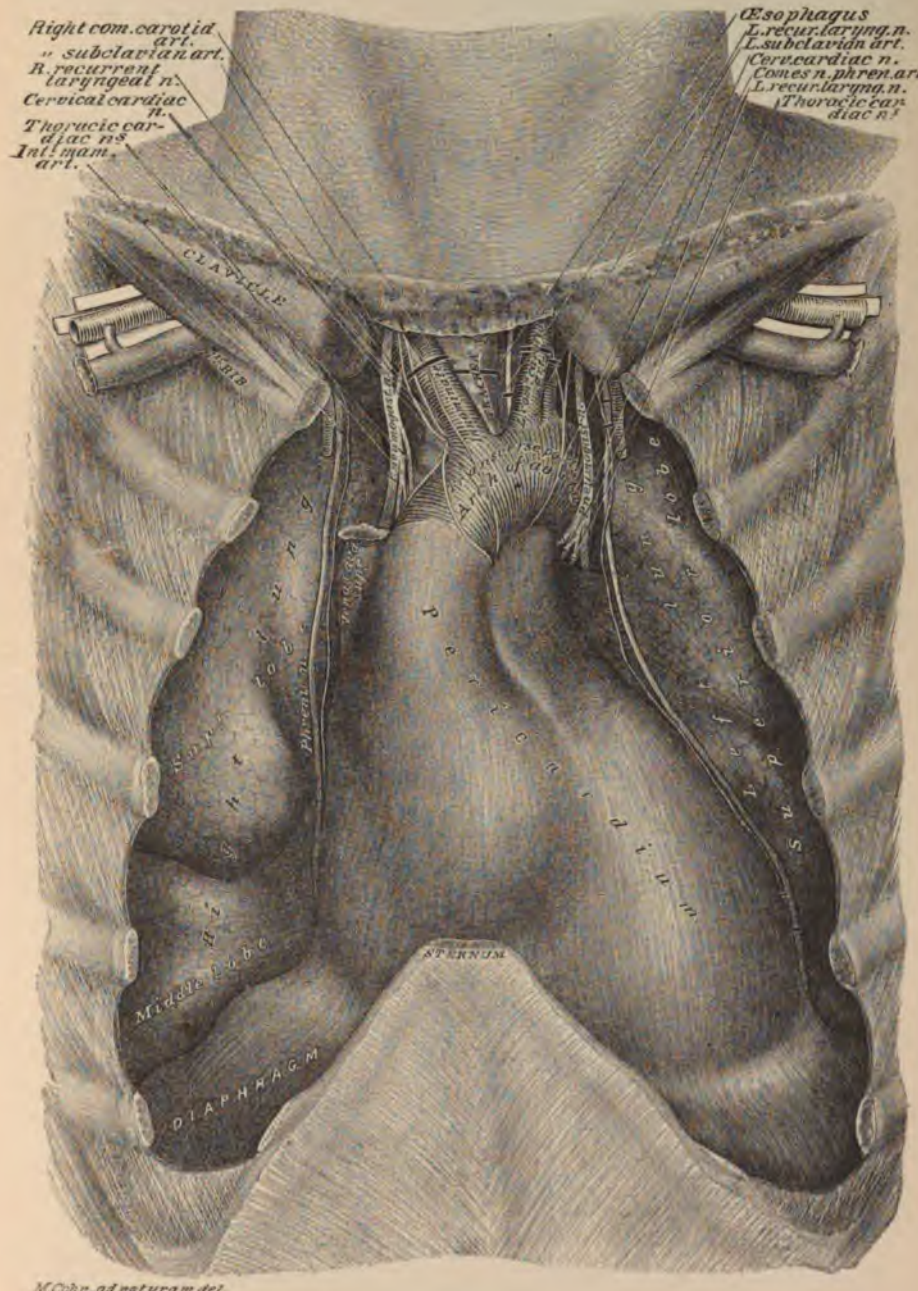
PLATE 135



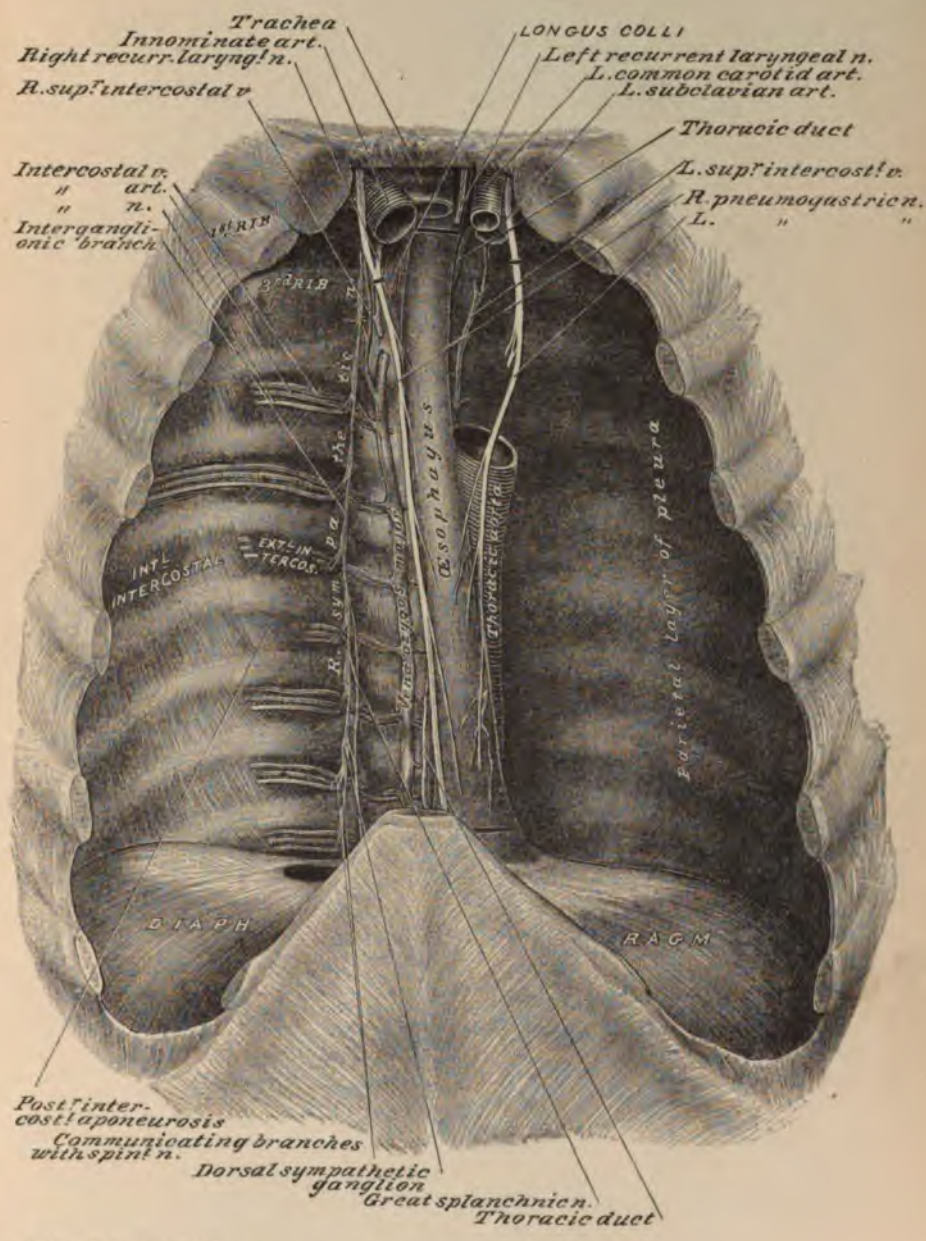
M. Cohn, ad naturam del.



M.Cohn, ad naturam del.



M. Cohn, ad naturam del.



M.C.ohn, ad naturam del.

FIG. 1

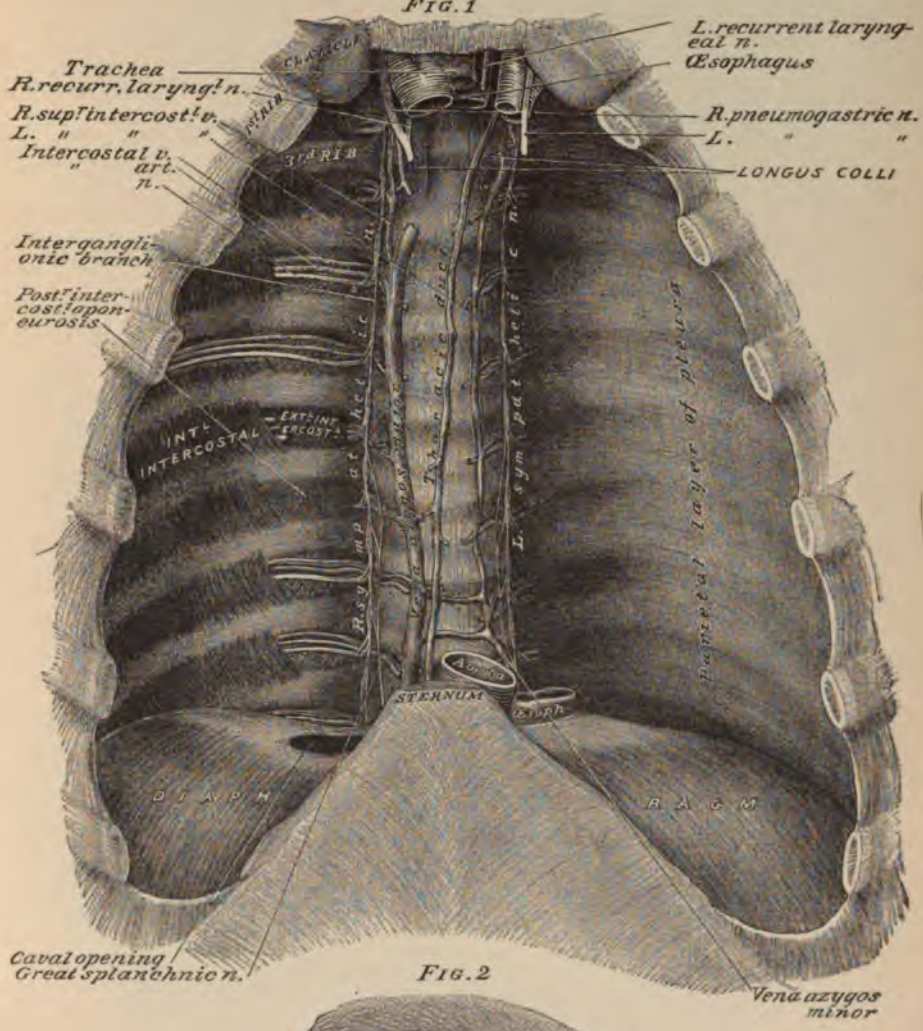
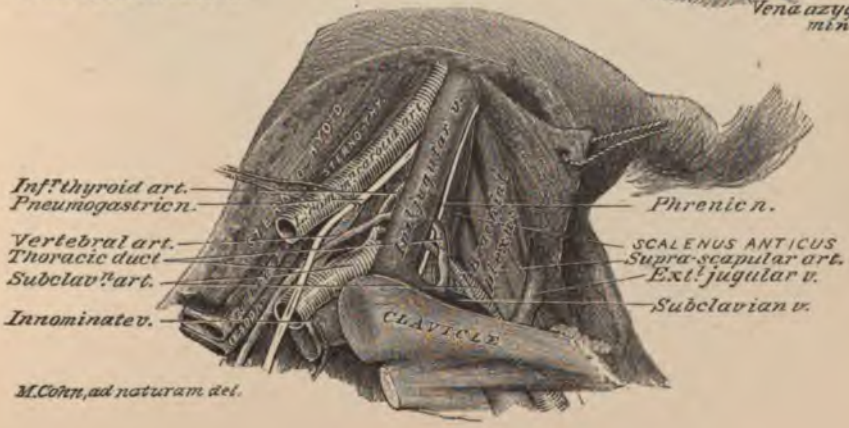


FIG. 2



M. Cohn, ad naturam del.

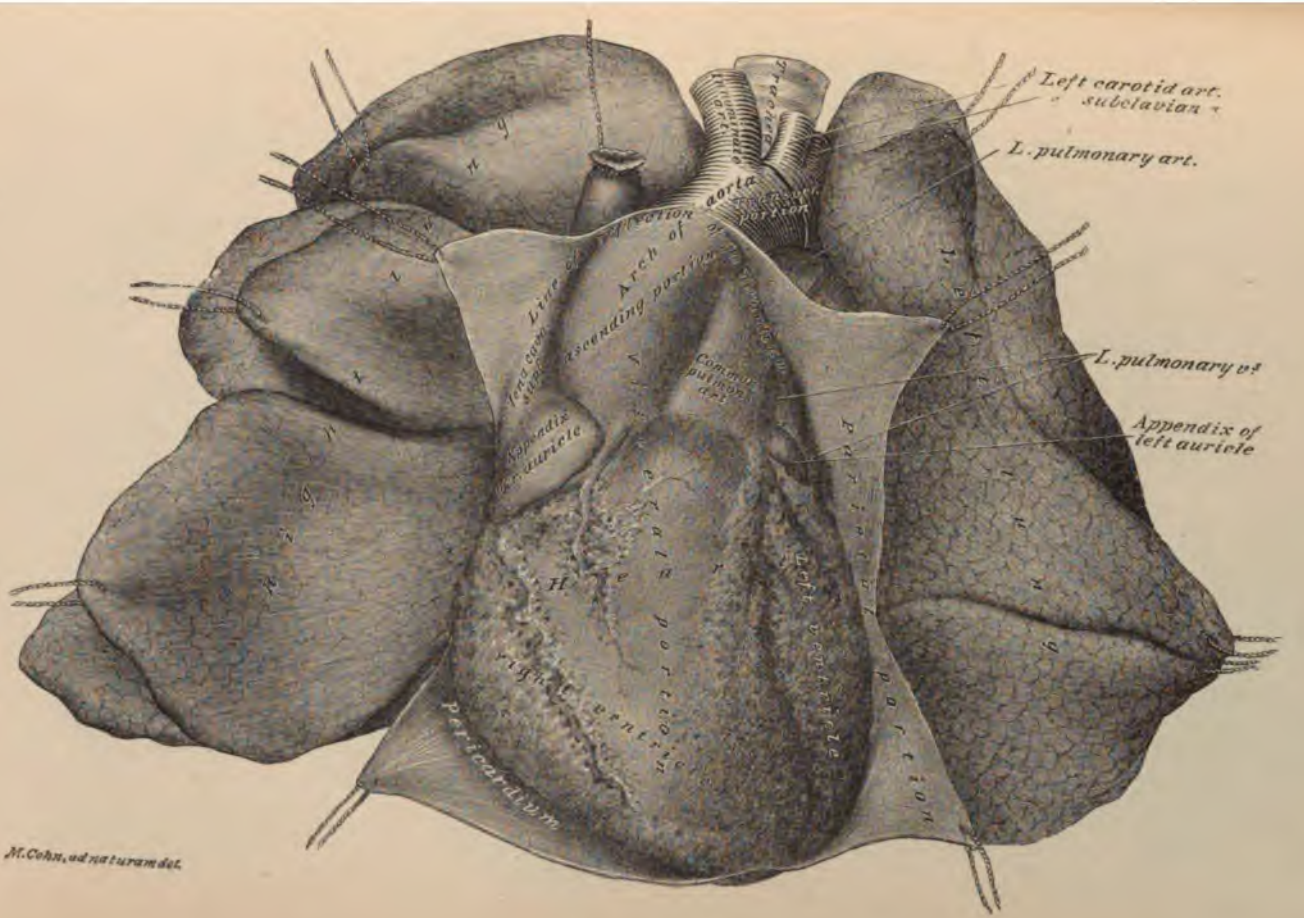

Left carotid art.
subclavian "
L. pulmonary art.
L. pulmonary vs
Appendix of left auricle
Arch of aorta
ascending portion
Left ventricle
Pericardium
M. Cohn, ad naturam del.

PLATE 141

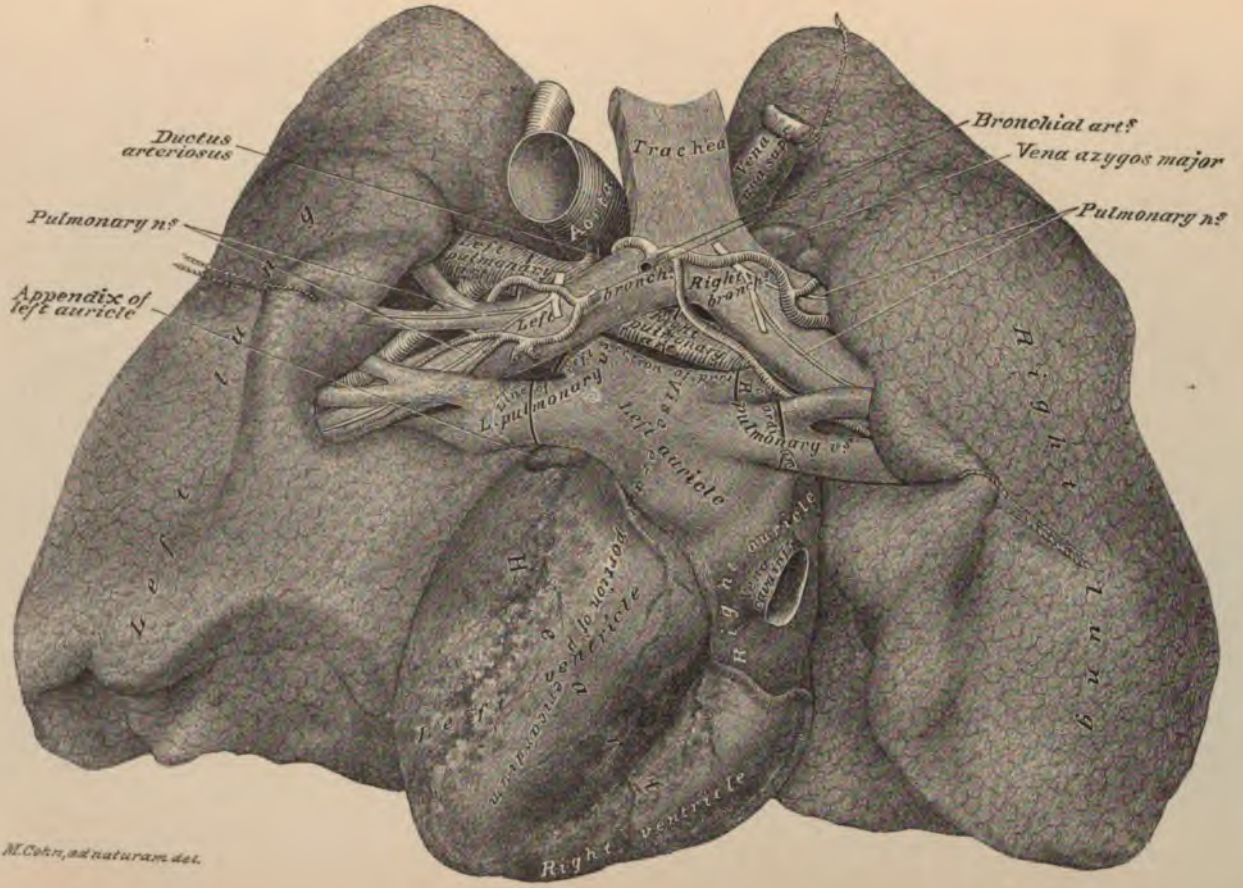
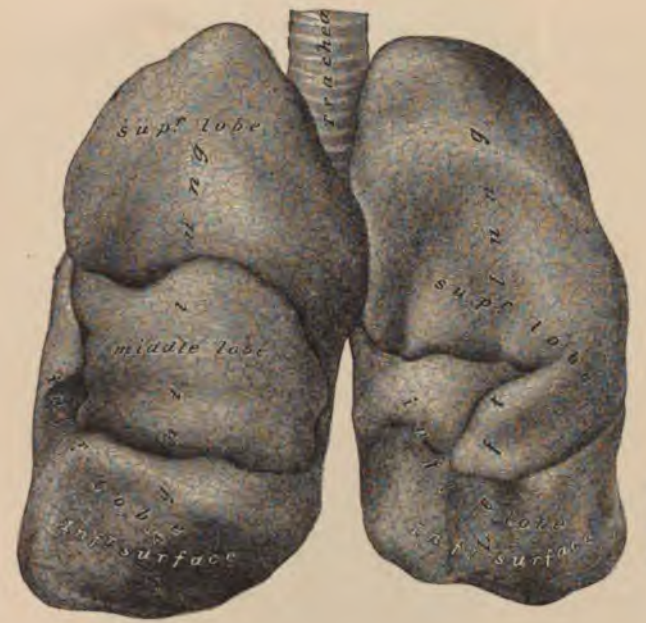

Ductus arteriosus
Pulmonary nº
Appendix of left auricle
Trachea
Aorta
Bronchial artº
Vena azygos major
Pulmonary nº
Left bronch.
Right bronch.
Left lung
Right lung
Left auricle
Right auricle
Right ventricle
M. Cohn, ad naturam del.

PLATE 142

FIG. 1



M. Cohn, ad naturam del.

FIG. 2

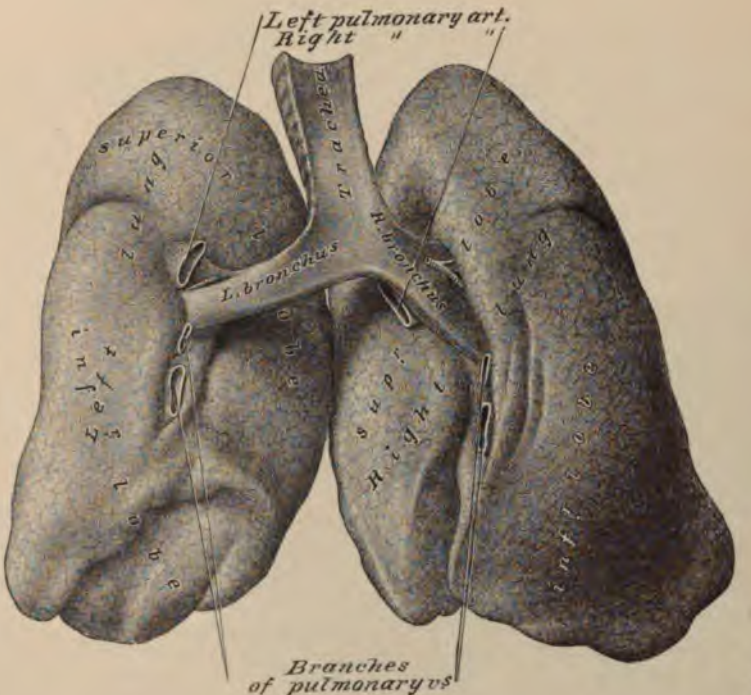
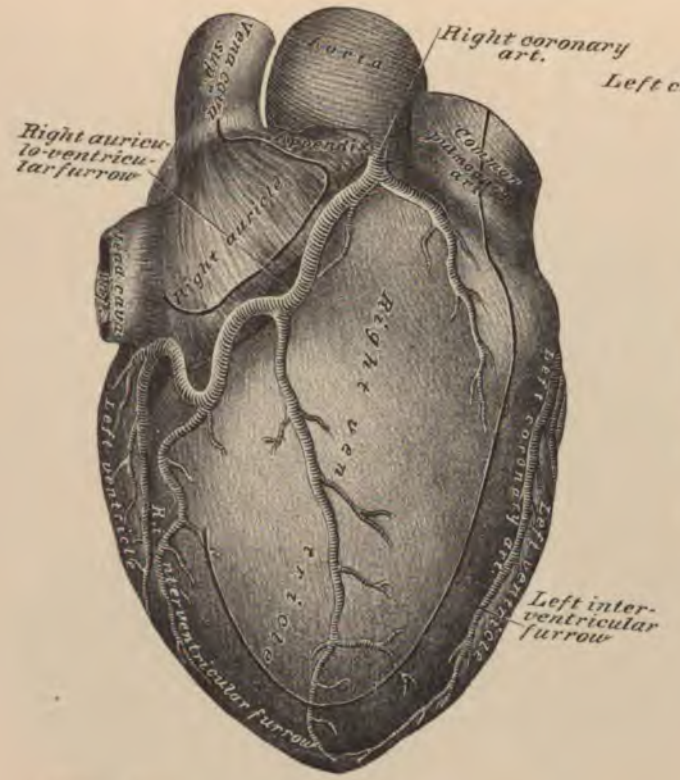


PLATE 143

FIG. 1



M. Cohn, ad naturam del.

FIG. 2

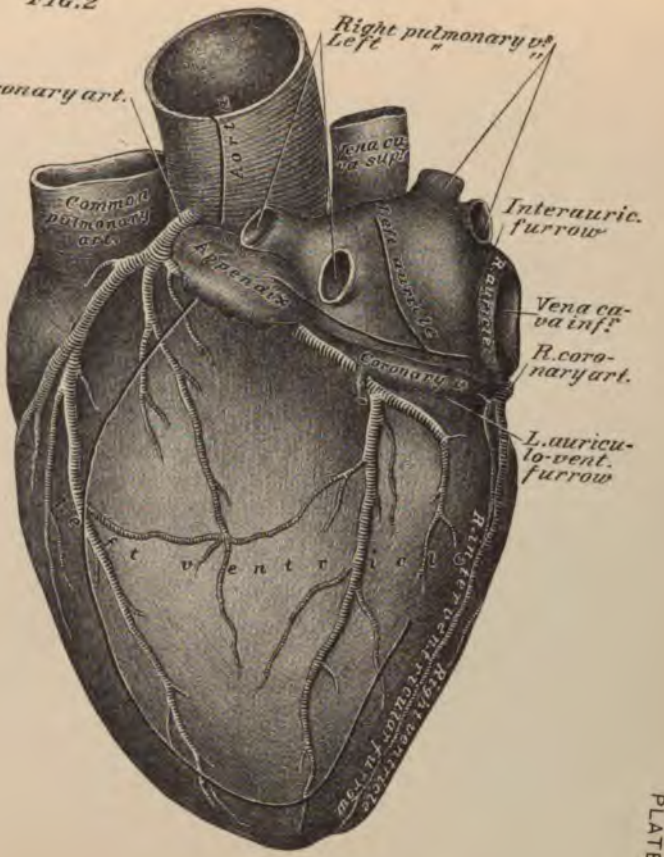


PLATE 144

PLATE 145

FIG. 1

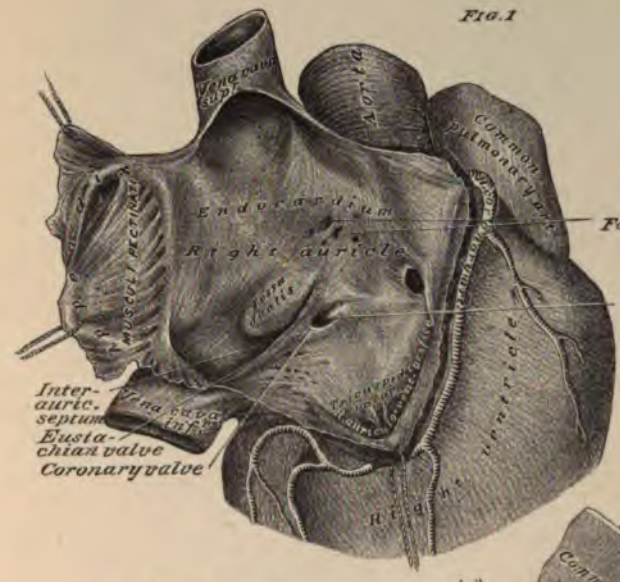


FIG. 2

FIG. 1

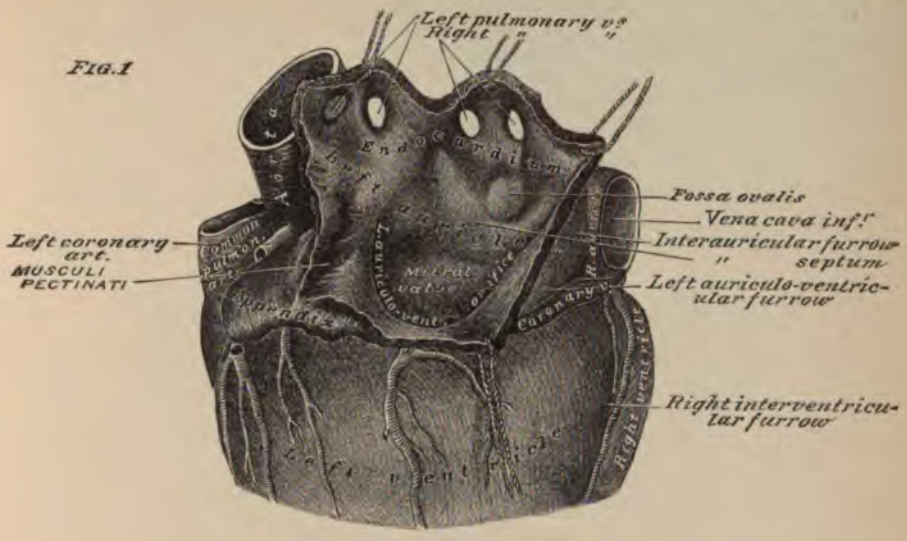
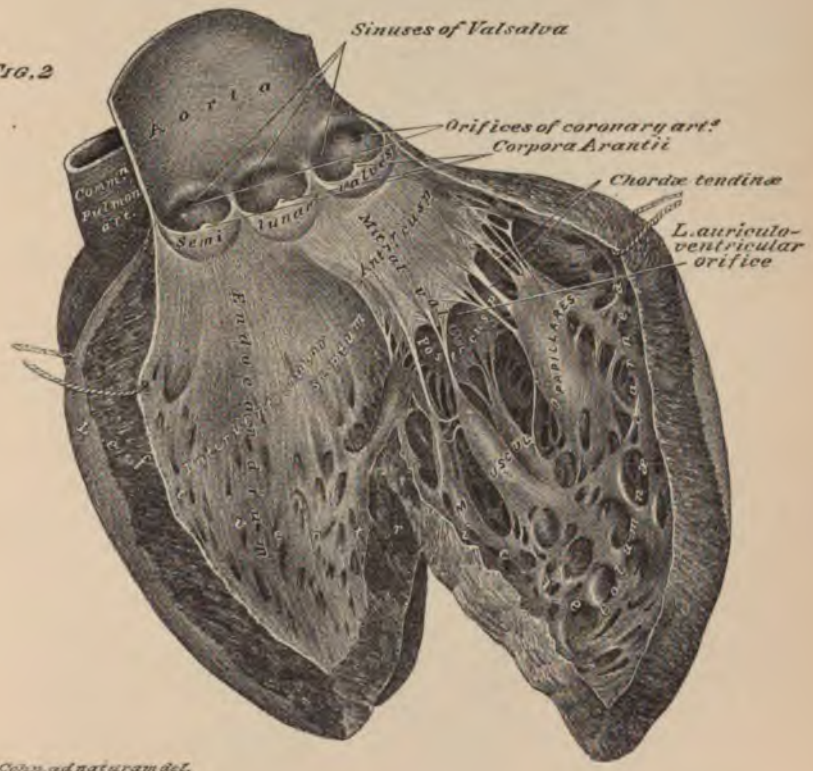


FIG. 2



M. Cohn, ad naturam del.

FIG. 1

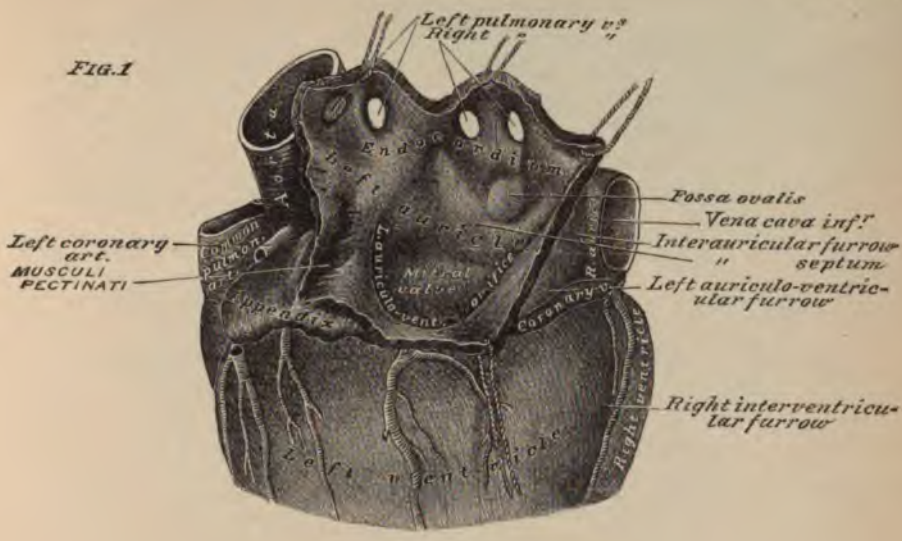
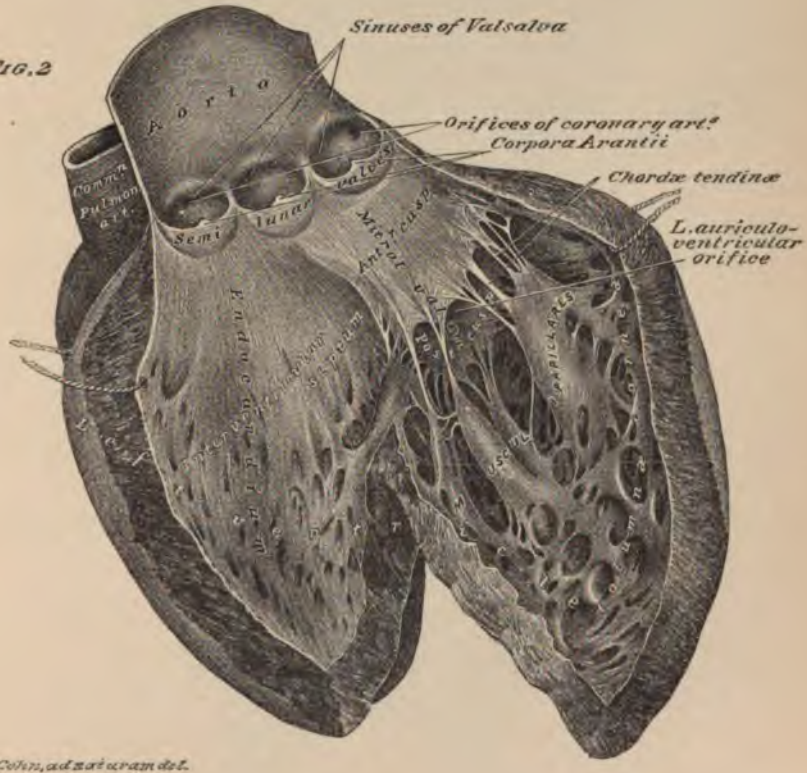
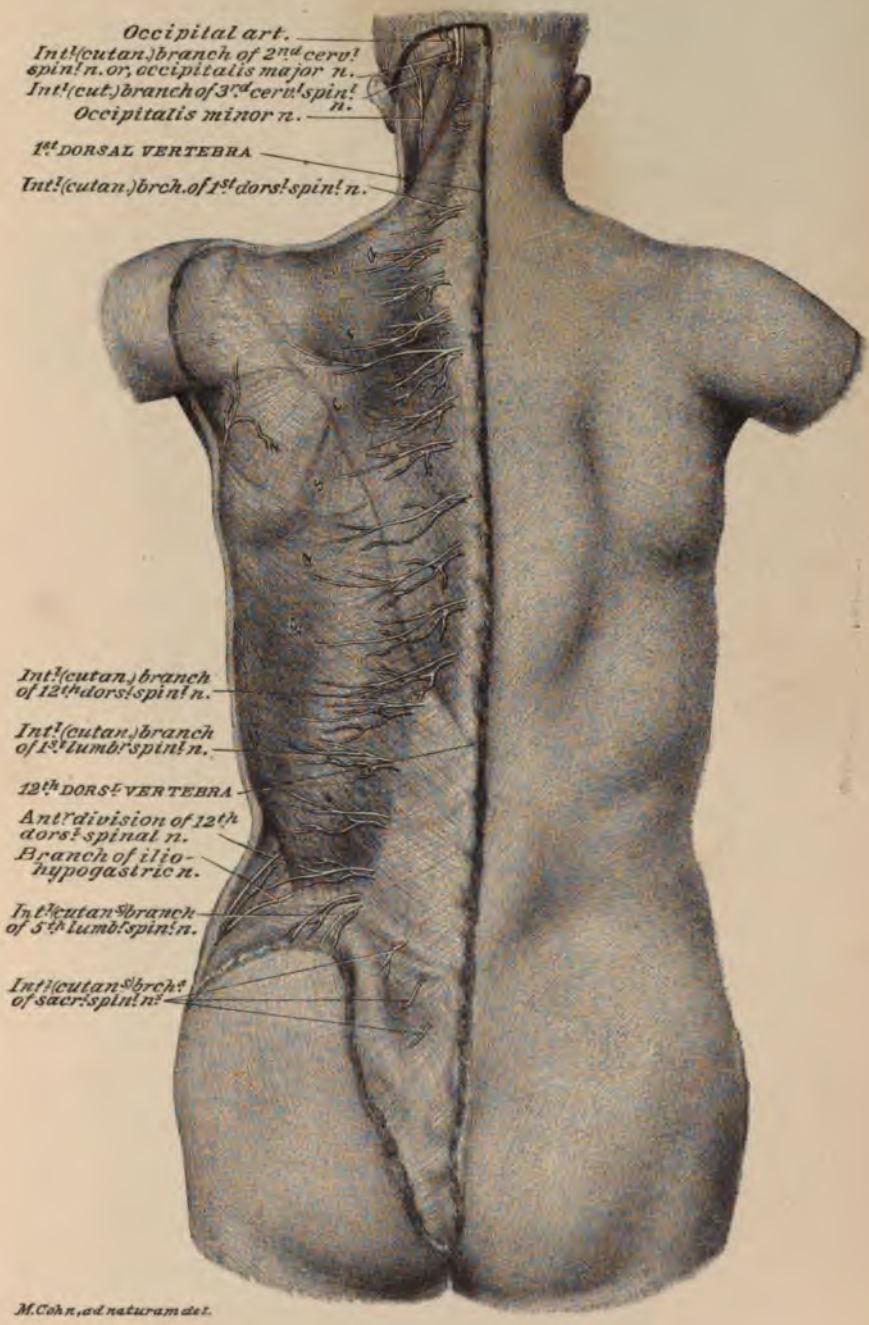


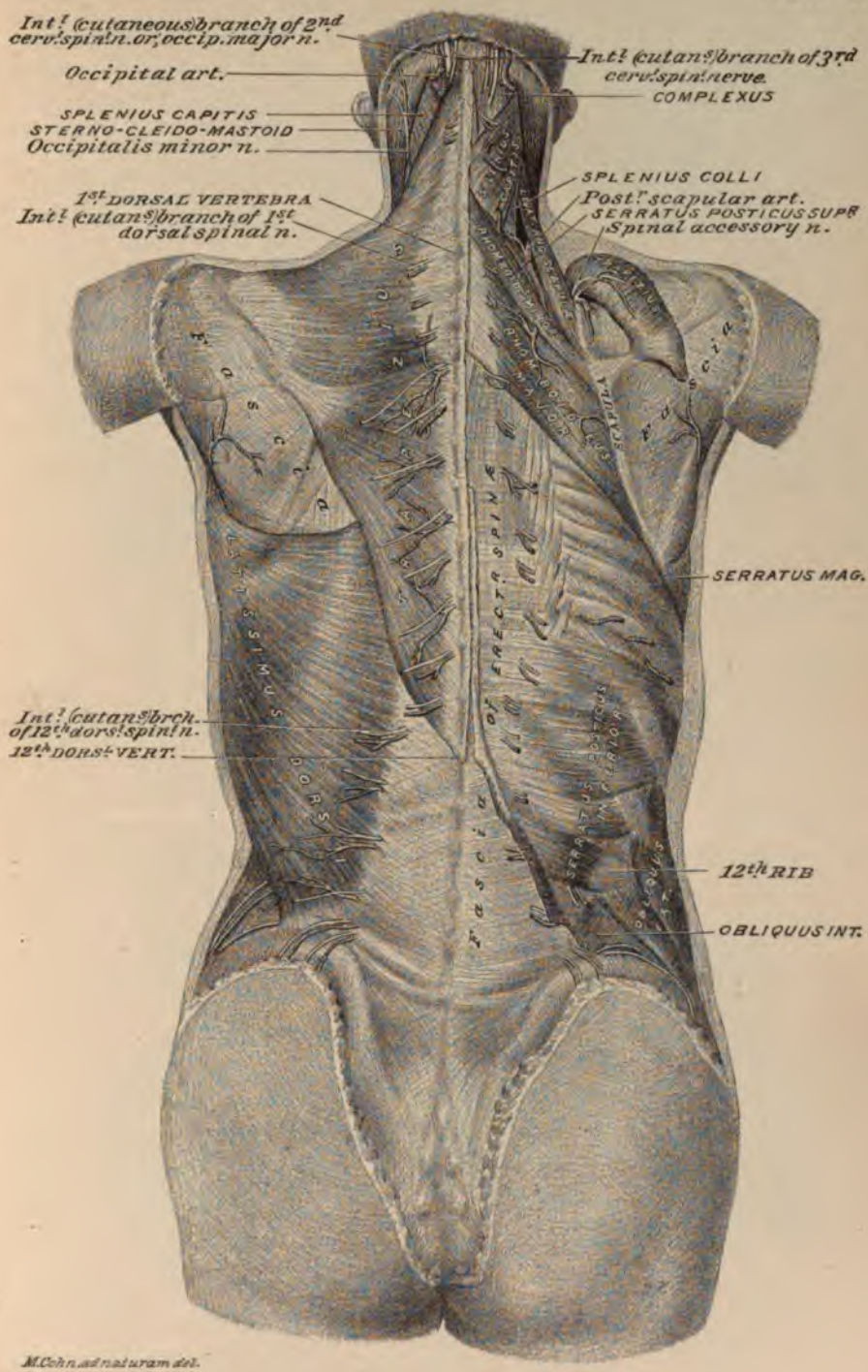
FIG. 2



M. Cohn, ad nat. uram del.

TRAPEZIUS
RECTUS POSTICUS MINOR
" " MAJOR
1st CERVICAL VERTEBRA
TRANSVERSALIS CERVICIS
TRAPEZIUS
CLAVICLE
SCAPULA
12th DORSL VERT.
1st LUMBR "
5th LUMBAR VERTEBRA
Ilio-lumbar ligmt
Postr sacro-iliac ligmt
Postr sacral foramina
Small sacro-sciatic ligmt
COCCYX
RECTUS CAPITIS LATERALIS
OBLIQUUS SUPERIOR
" INFERIOR
CERVICALIS ASCENDENS
7th CERVICAL VERTEBRA
1st DORSAL "
SACRO.
M. Cohn, ad naturam del.


Occipital art.
Int.l (cutan.) branch of 2nd cerv.l spin.l n. or, occipitalis major n.
Int.l (cut.) branch of 3rd cerv.l spin.l n.
Occipitalis minor n.
1st DORSAL VERTEBRA
Int.l (cutan.) brch. of 1st dors.l spin.l n.
Int.l (cutan.) branch of 12th dors.l spin.l n.
Int.l (cutan.) branch of 1st lumb.r spin.l n.
12th DORS.l VERTEBRA
Ant.r division of 12th dors.l spinal n.
Branch of ilio-hypogastric n.
Int.l cutan.s branch of 5th lumb.r spin.l n.
Int.l (cutan.s brch.s of sacr.l spin.l ns
M. Cohn, ad naturam del.



M. Cohn ad naturam del.

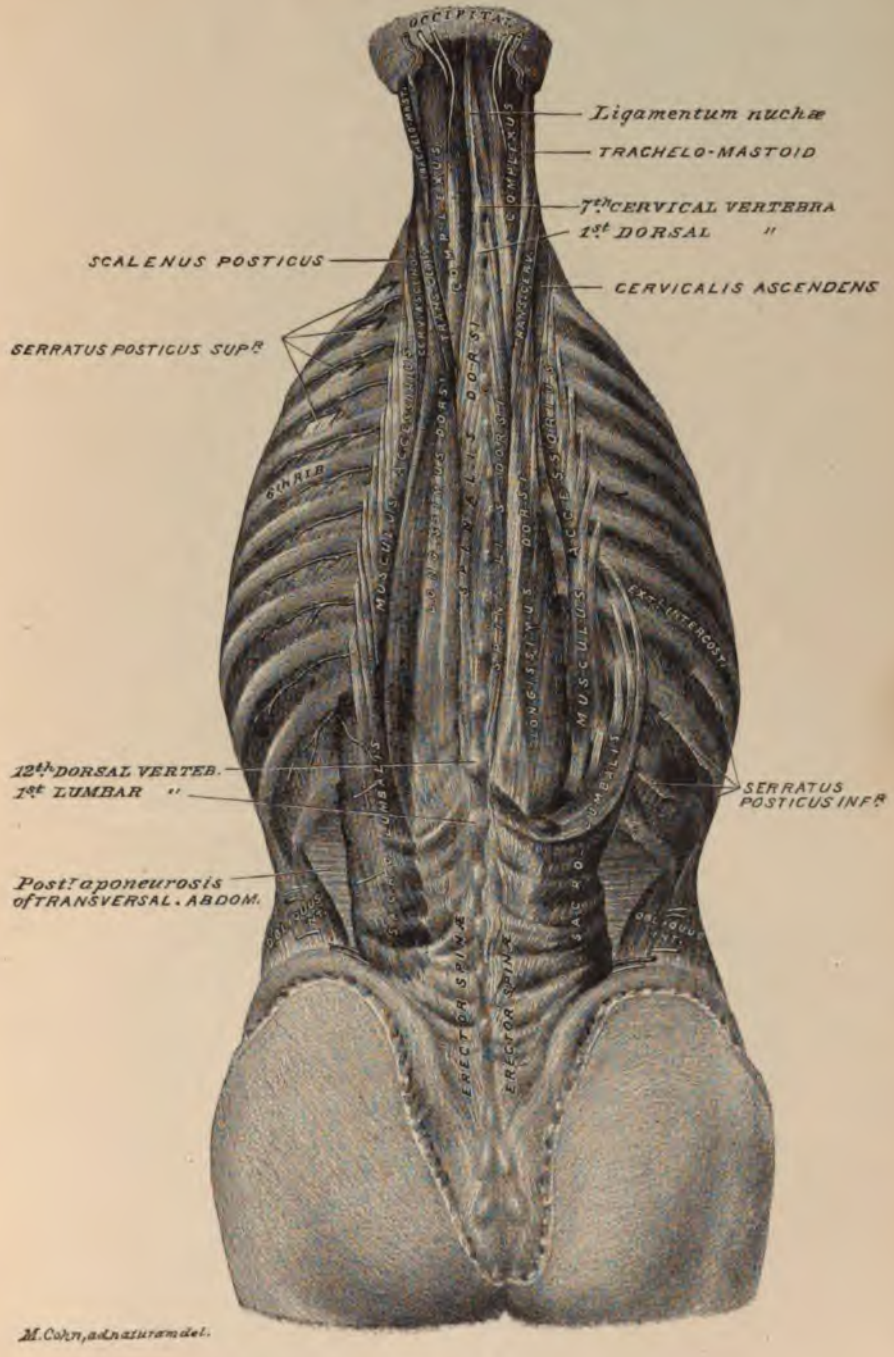
FIG. 1

FIG. 2

M.Cohn. ad naturam del.

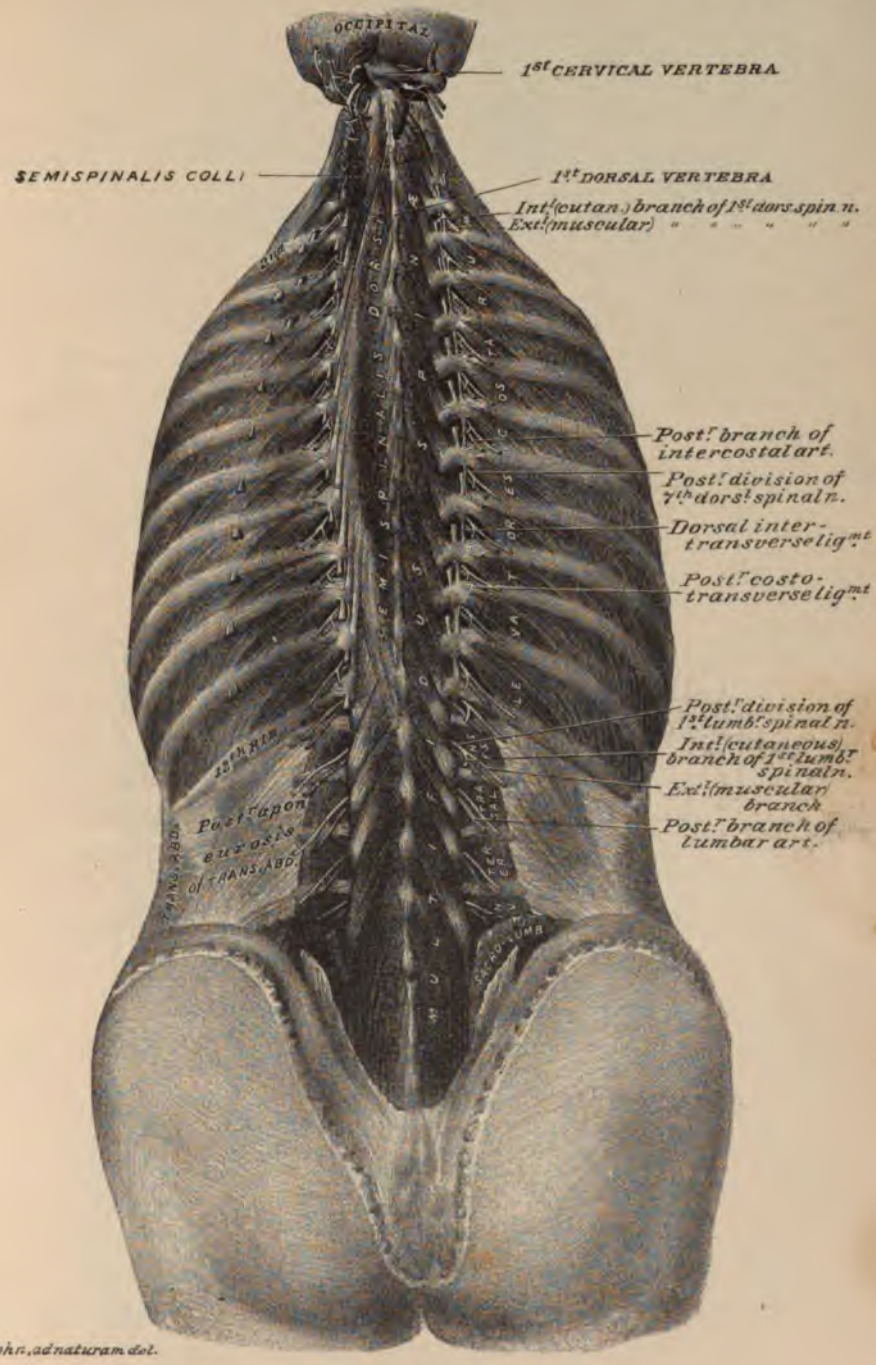
PLATE 150

PLATE 151



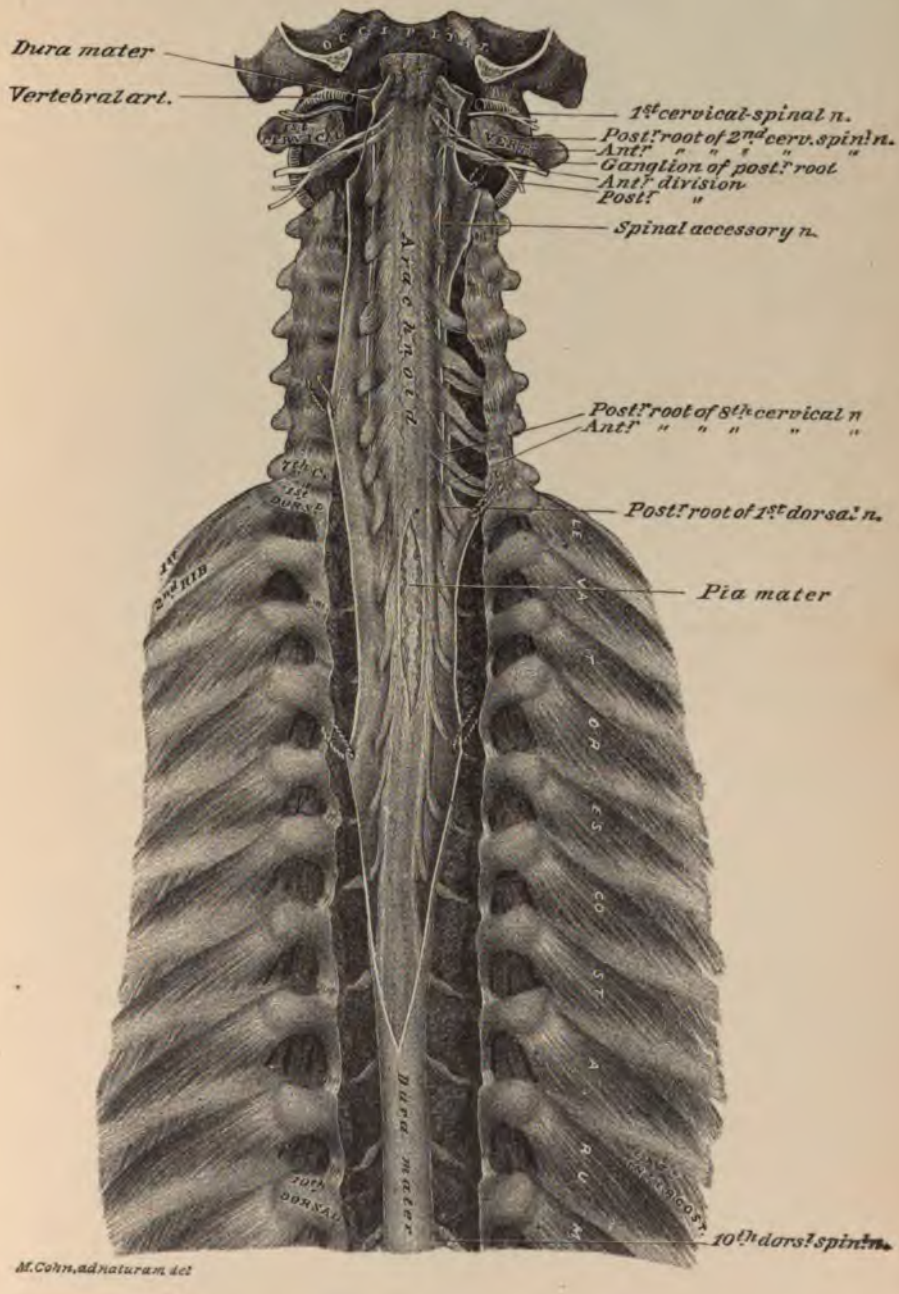
M. Cohn, ad naturam del.

PLATE 152


OCCIPITAL
1st CERVICAL VERTEBRA
SEMISPINALIS COLLI
1st DORSAL VERTEBRA
Int.l (cutan.) branch of 1st dors. spin. n.
Ext.l (muscular) " " " " " "
Post.r branch of intercostal art.
Post.r division of 7th dors.l spinal n.
Dorsal inter-transverse lig.mt
Post.r costo-transverse lig.mt
Post.r division of 1st lumb.r spinal n.
Int.l (cutaneous) branch of 1st lumb.r spinal n.
Ext.l (muscular) branch
Post.r branch of lumbar art.
12th RIB
Post.r apon. eurosis of TRANS. ABD.
TRANS. ABD.
SACRO-LUMB.

M. Cohn, ad naturam del.

PLATE 153



M. Cohn, ad naturam del

PLATE 154

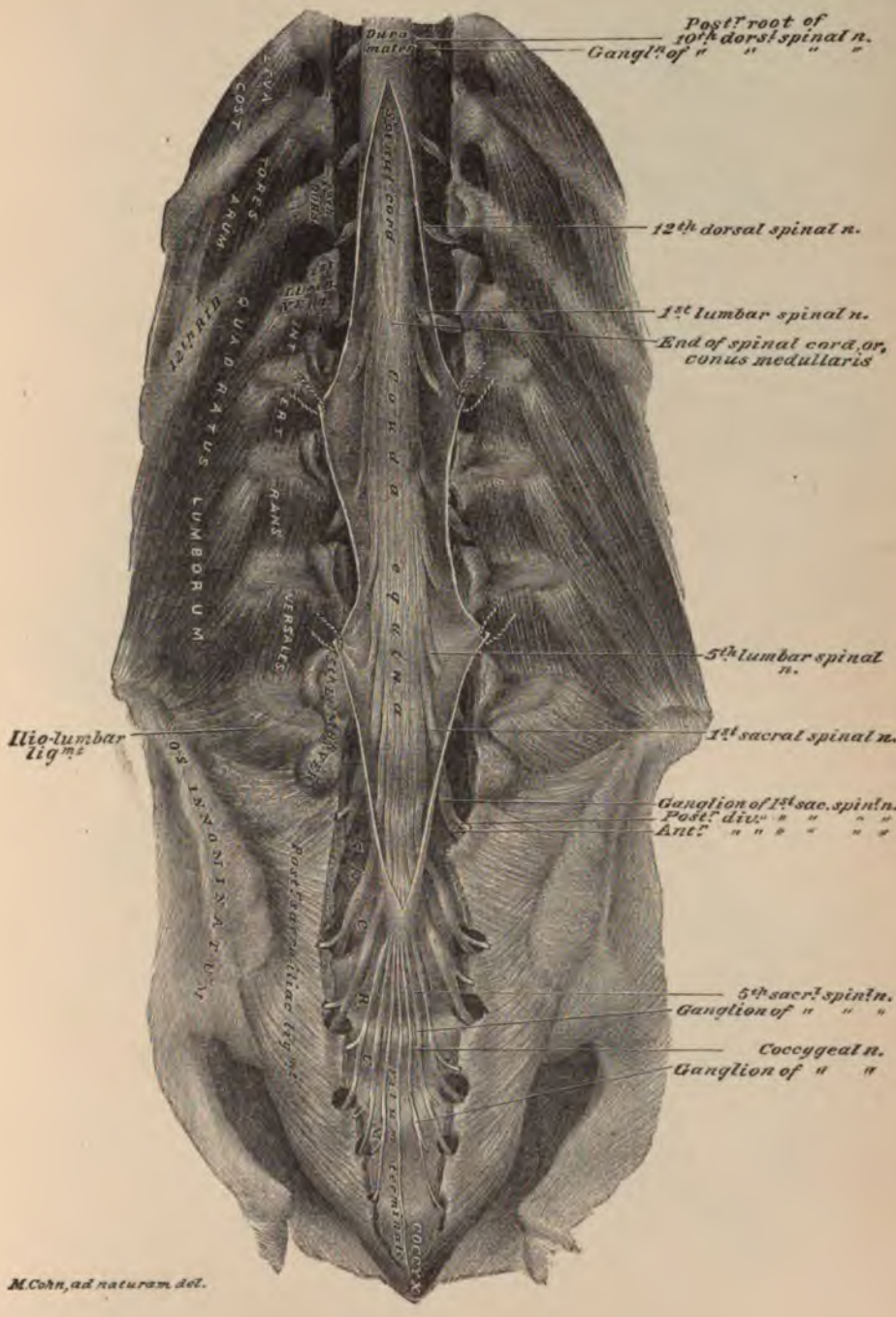
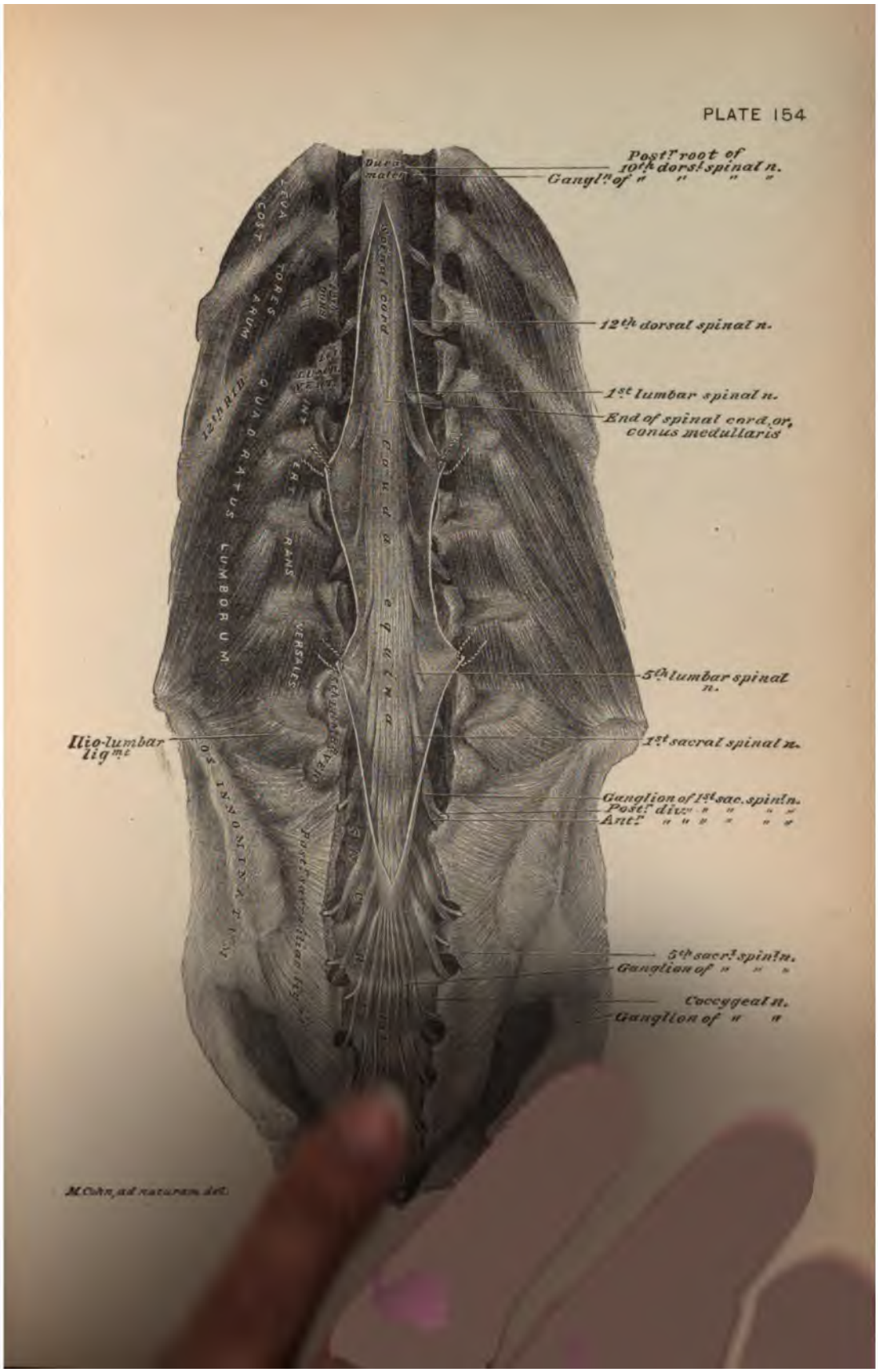

Dura mater
Post.r root of 10th dors.l spinal n.
Ganglion of " " " "
12th dorsal spinal n.
1st lumbar spinal n.
End of spinal cord, or conus medullaris
5th lumbar spinal n.
1st sacral spinal n.
Ilio-lumbar lig.t
Ganglion of 1st sac. spin.l n.
Post.r div.n " " " "
Ant.r " " " " "
5th sacr.l spin.l n.
Ganglion of " " "
Coccygeal n.
Ganglion of " "
Post.r sacro-iliac lig.t
M. Cohn, ad naturam del.

PLATE 154


Dura mater
Post.r root of 10th dors.l spinal n.
Gangl.n of n " " "
Vertebral canal
Vertebral foramen
12th rib
Quadratus lumborum
Transversalis
Erector spinæ
Cord in spinal canal
12th dorsal spinal n.
1st lumbar spinal n.
End of spinal cord, or, conus medullaris
5th lumbar spinal n.
Ilio-lumbar ligt
1st sacral spinal n.
Ganglion of 1st sac. spin.l n.
Post.r div.n " " " "
Ant.r " " " " "
Posterior sacro-iliac foramina
5th sacr.l spin.l n.
Ganglion of " " "
Coccygeal n.
Ganglion of " "
M. Cohn, ad naturam del.

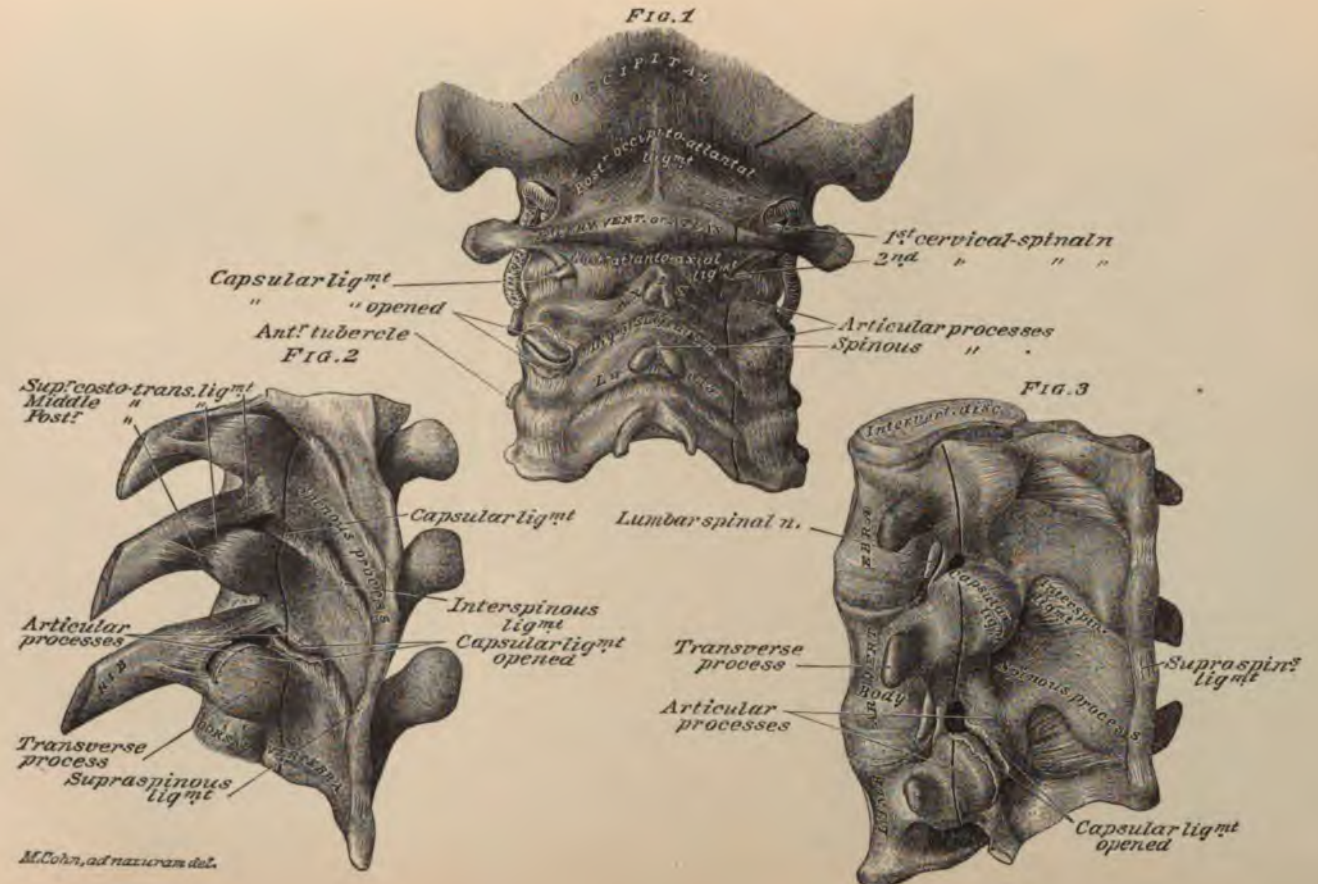


Fig. 1
Post. occipito-atlantal lig.mt
1st cervical-spinal n.
2nd " " "
Capsular lig.mt
" " opened
Ant.r tubercle
Articular processes
Spinous "
Fig. 2
Sup.r costo-trans. lig.mt
Middle "
Post.r
Capsular lig.mt
Interspinous lig.mt
Capsular lig.mt opened
Articular processes
Transverse process
Supraspinous lig.mt
Fig. 3
Lumbar spinal n.
Transverse process
Articular processes
Supraspin.s lig.mt
Capsular lig.mt opened
M.Cohn, ad naturam del.

PLATE 155

FIG. 1

FIG. 2

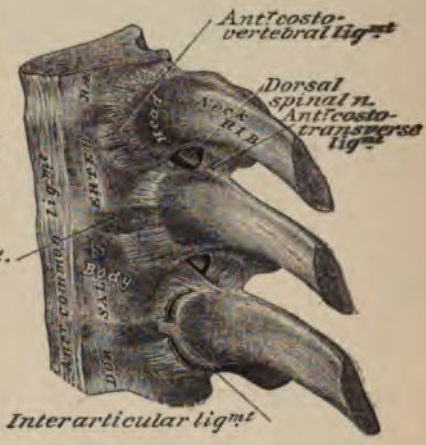


FIG. 4

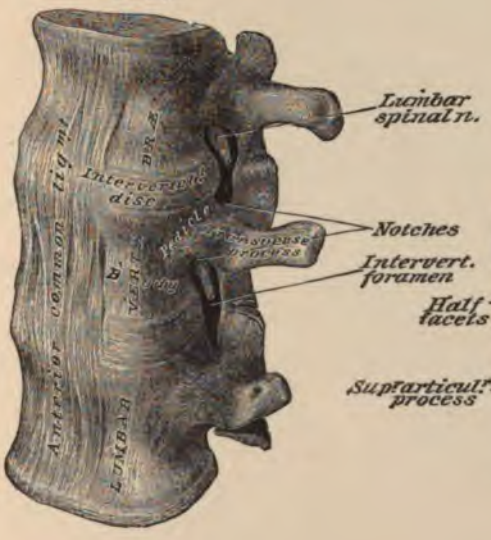
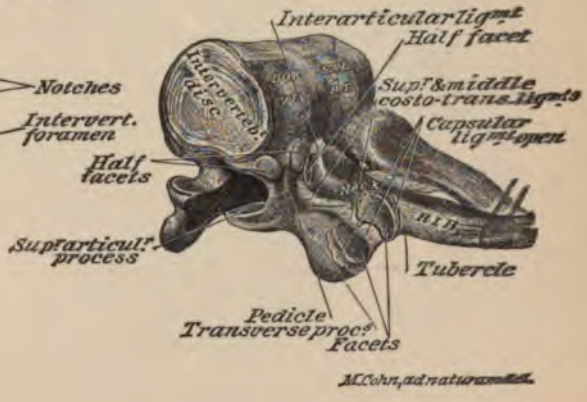
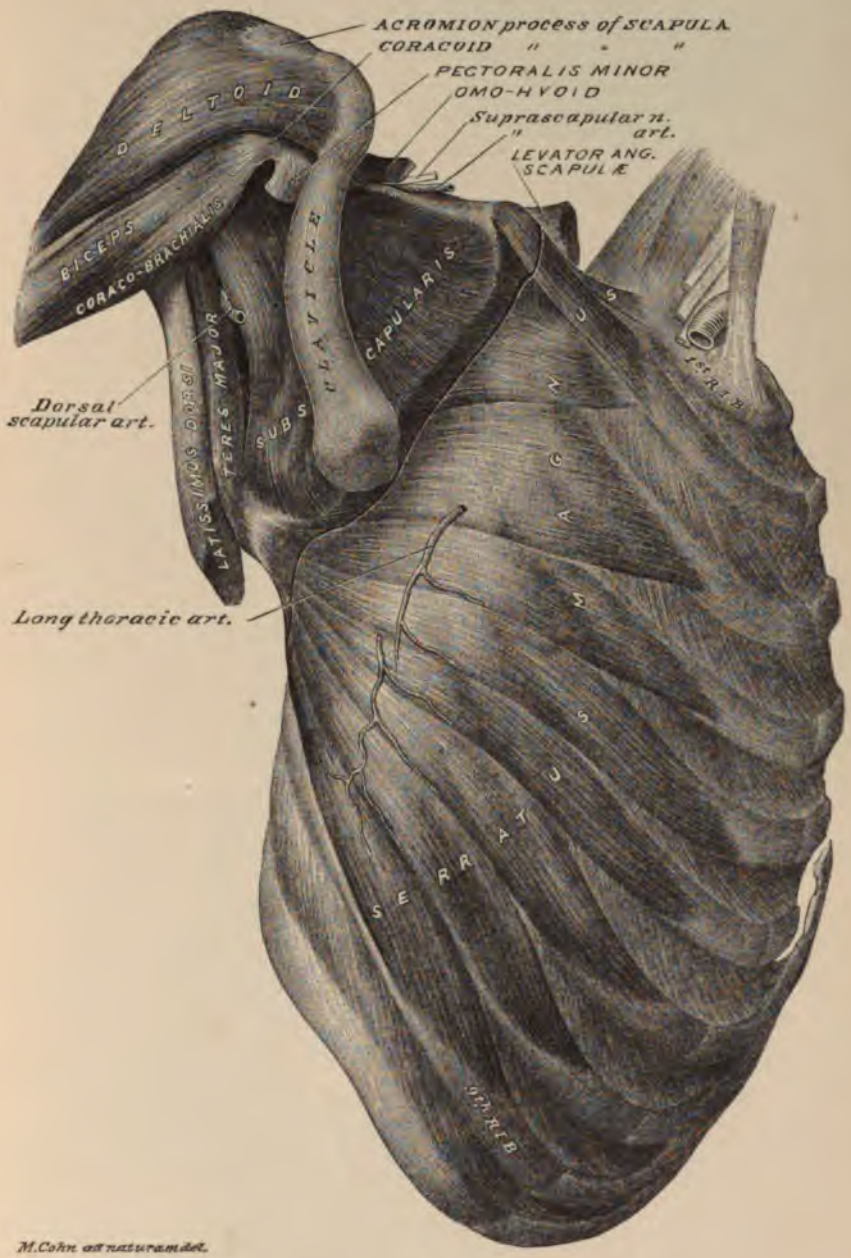


FIG. 3



M.C.Cohn, ad nat. ...



M.Cohn ad naturam del.

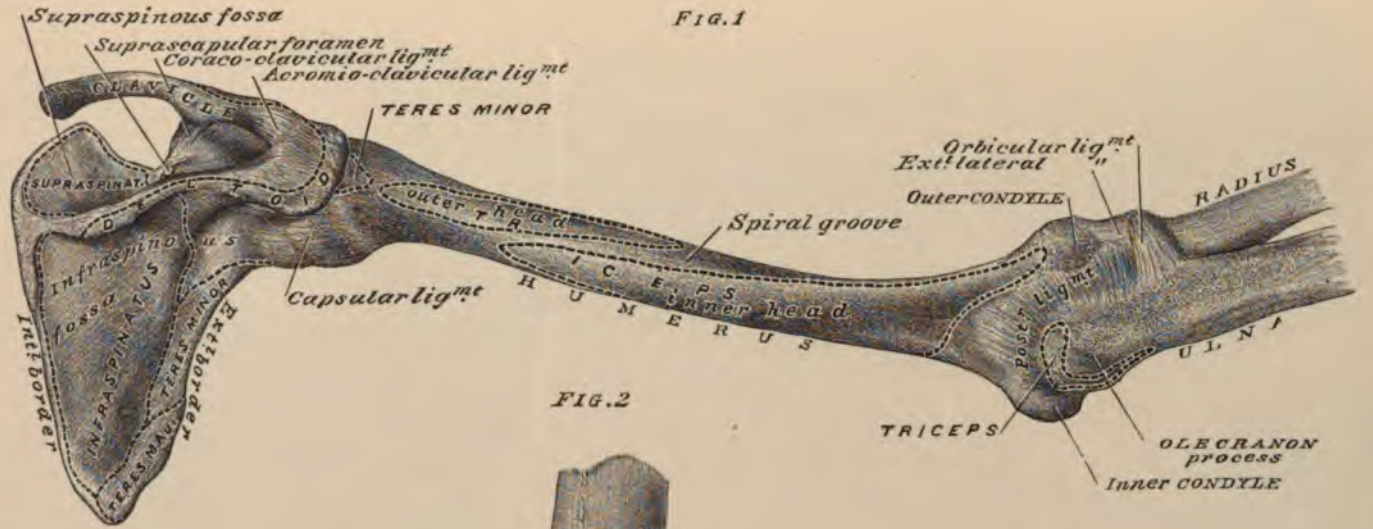
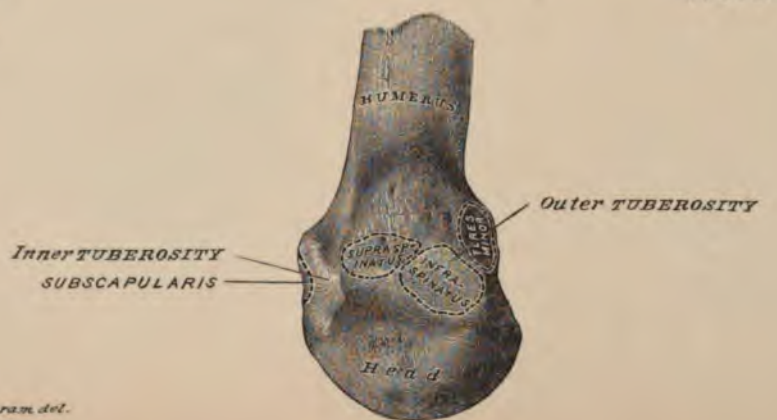


FIG.1

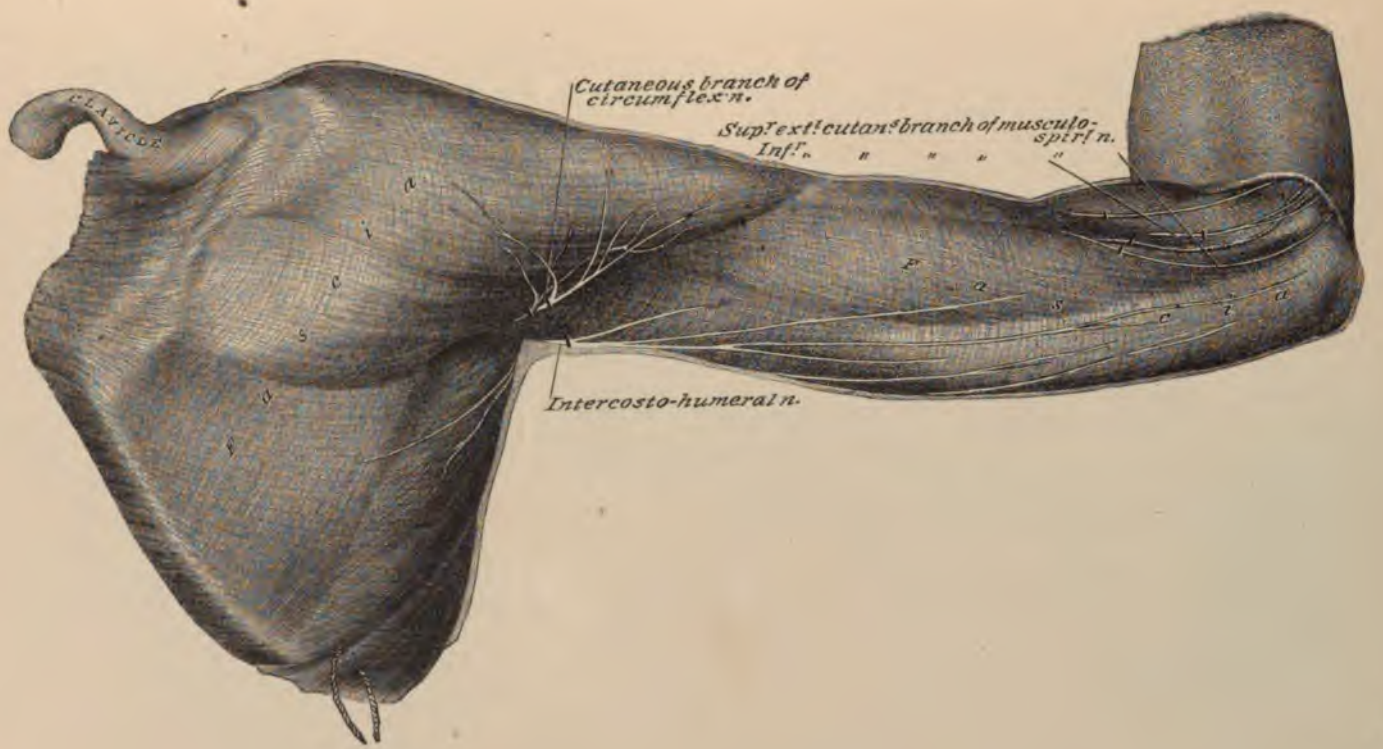
FIG.2



M.Cohn, ad naturam del.

PLATE 158

[redacted]

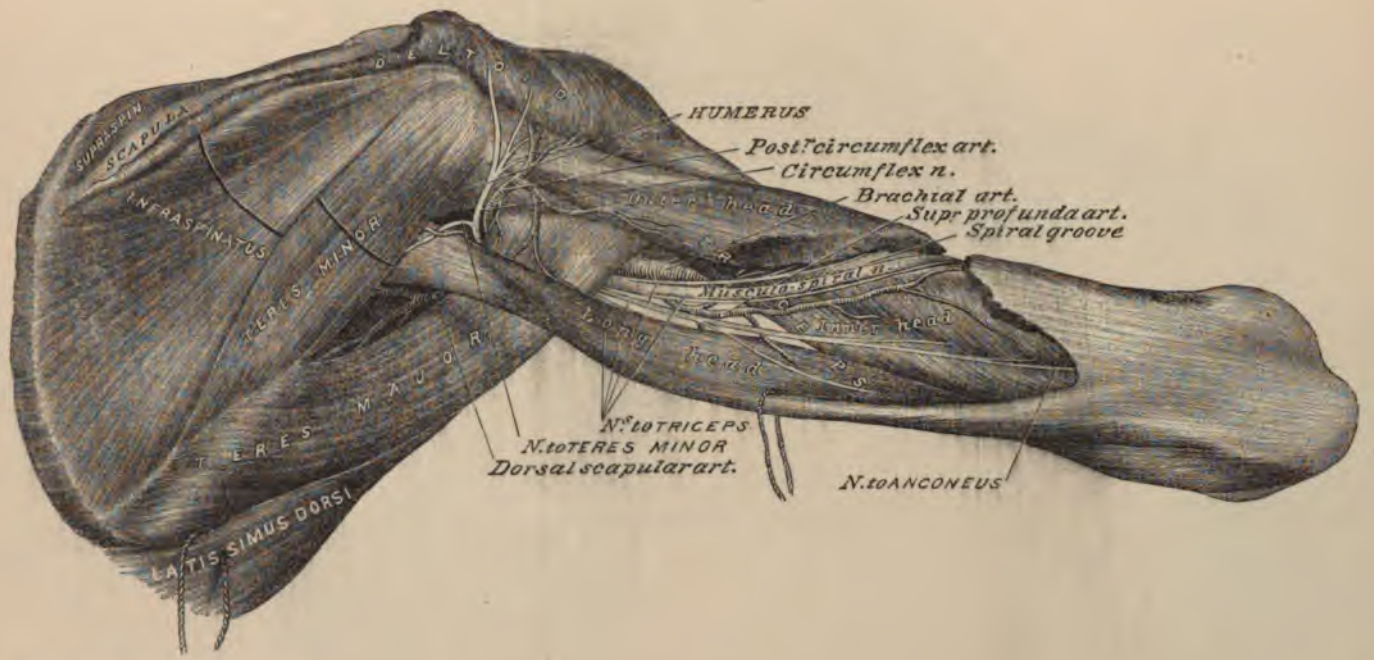


M.Cohn, ad naturam del.

PLATE 159

PLATE 160

Triceps long head inner head
Triceps outer head
DELTOID
LATISSIMUS DORSI
TERES MAJOR
TERES MINOR
INFRASPINATUS
SUPRASPINATUS
SCAPULA
CLAVICLE



M. Cohn, ad naturam del.

PLATE 161

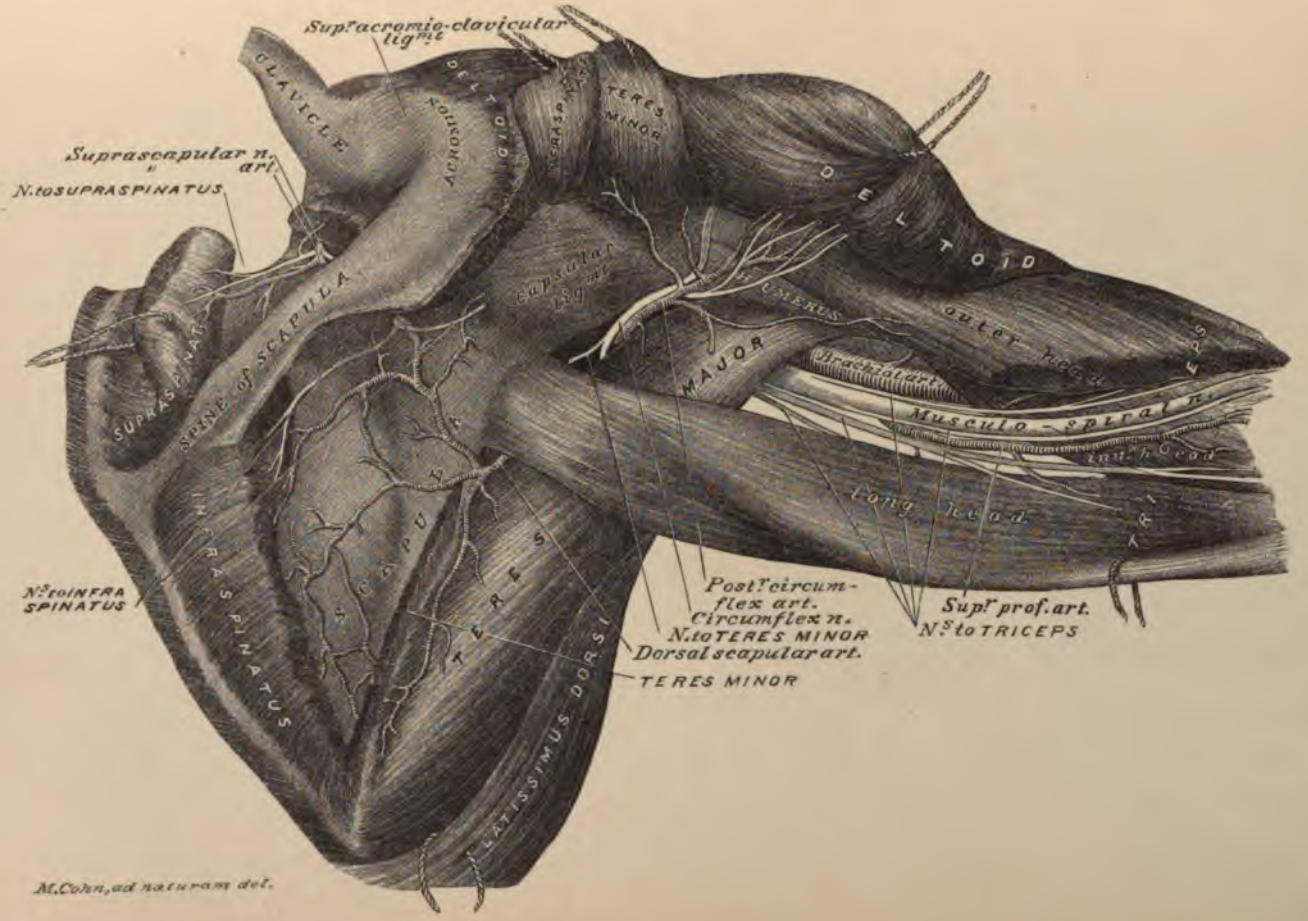
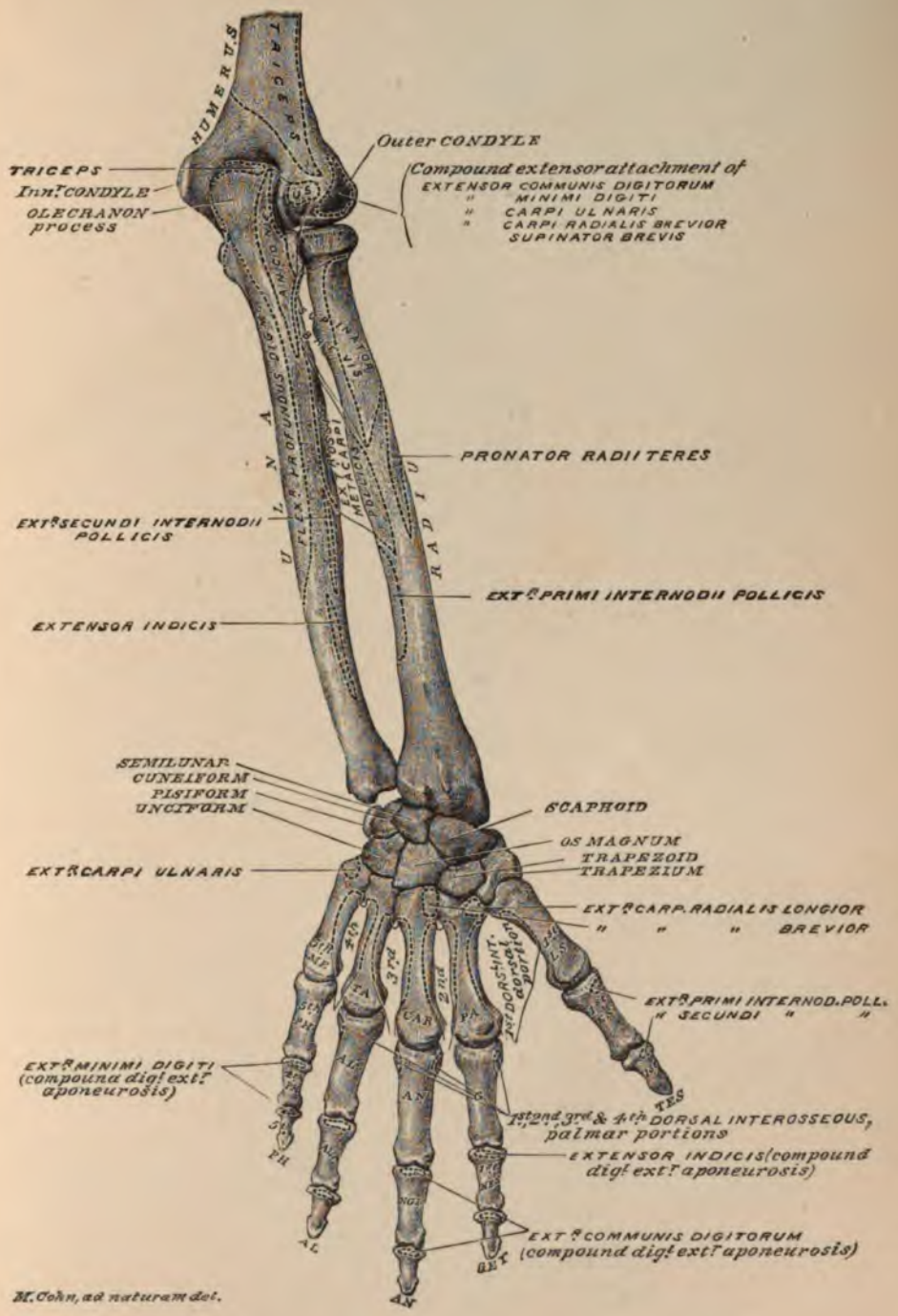
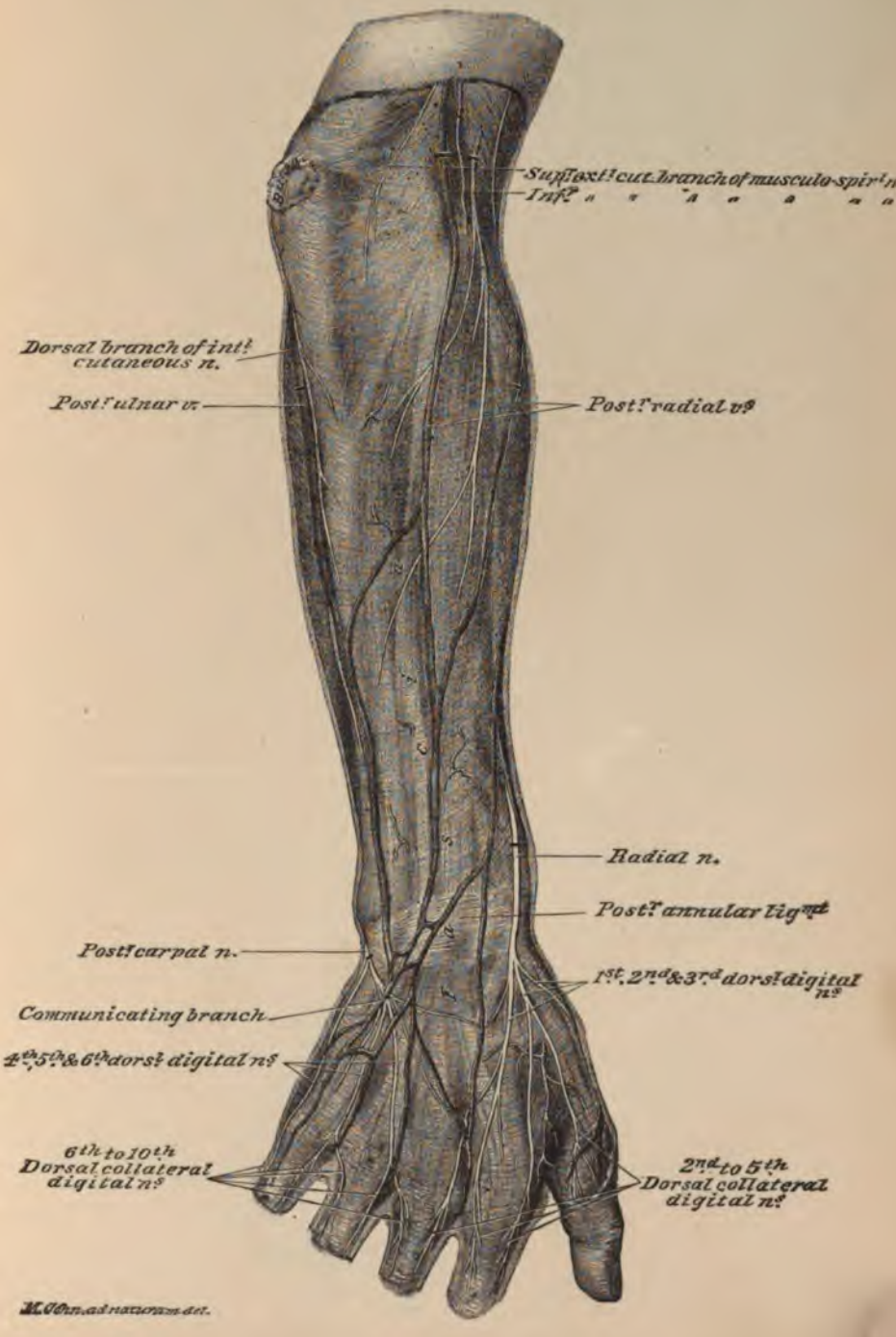
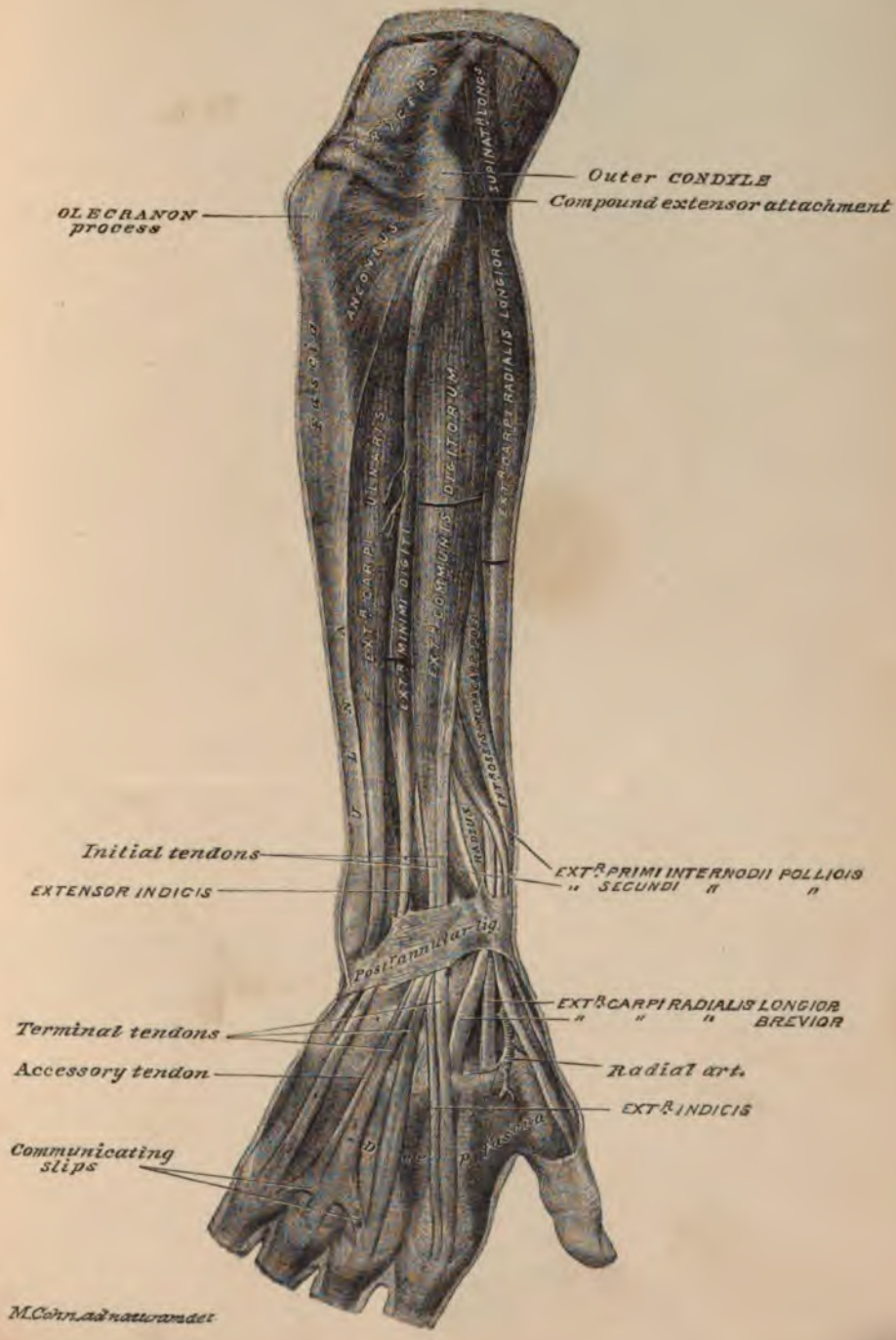
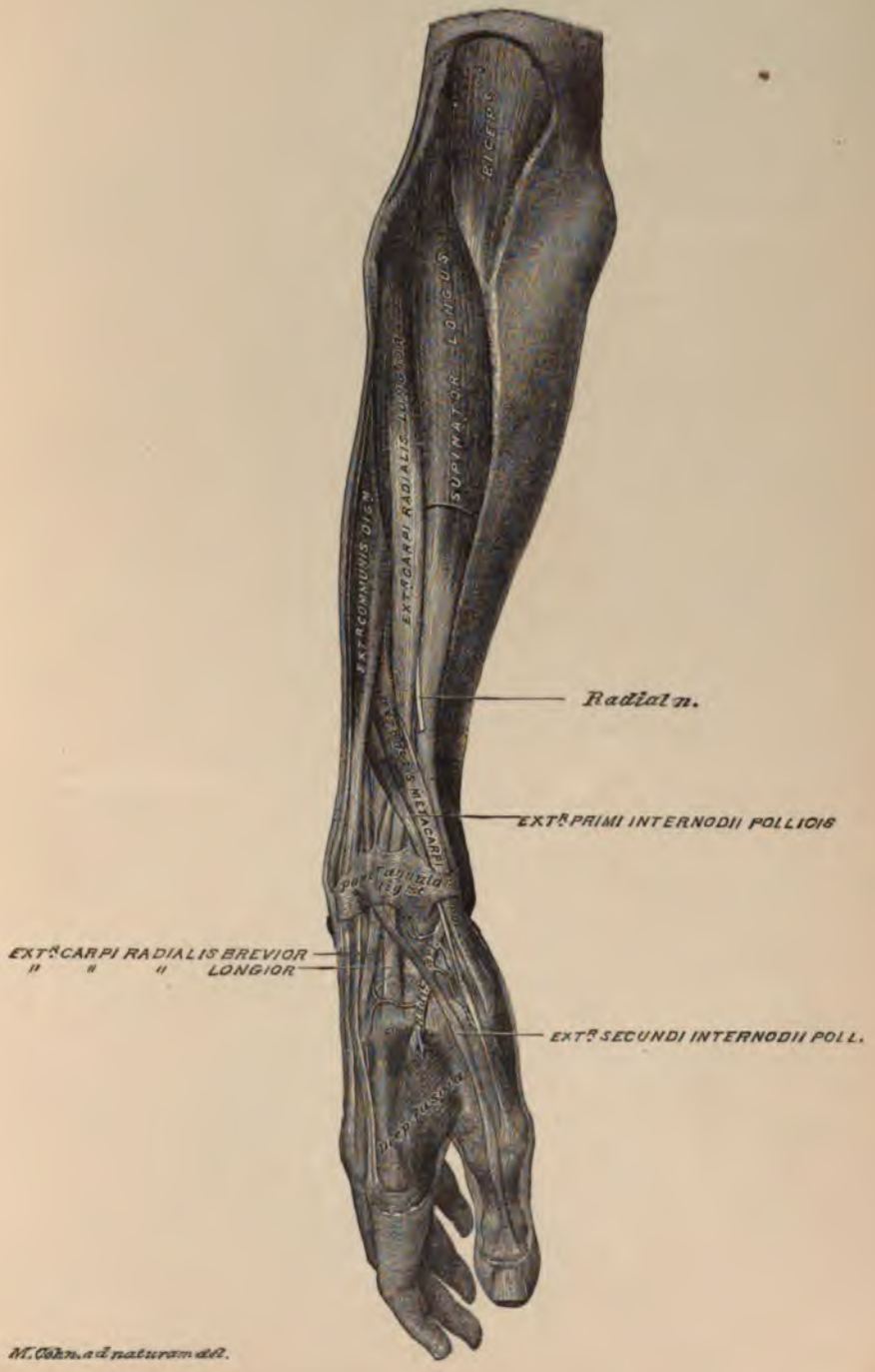

Sup.r acromio-clavicular lig.nt
CLAVICLE
DELTOID
ACROMION
Suprascapular n. & art.
N. to SUPRASPINATUS
SUPRASPINAT.
SPINE of SCAPULA
INFRASPINATUS
SCAPULA
TERES MINOR
Capsular lig.nt
DELTOID
outer head
Musculo-spiral n.
long head
MAJOR
Long head
TRICEPS
N.s to INFRA SPINATUS
Post.r circum-flex art.
Circumflex n.
N. to TERES MINOR
Dorsal scapular art.
TERES MINOR
Sup.r prof. art.
N.s to TRICEPS
LATISSIMUS DORSI
M. Cohn, ad naturam del.

PLATE 162

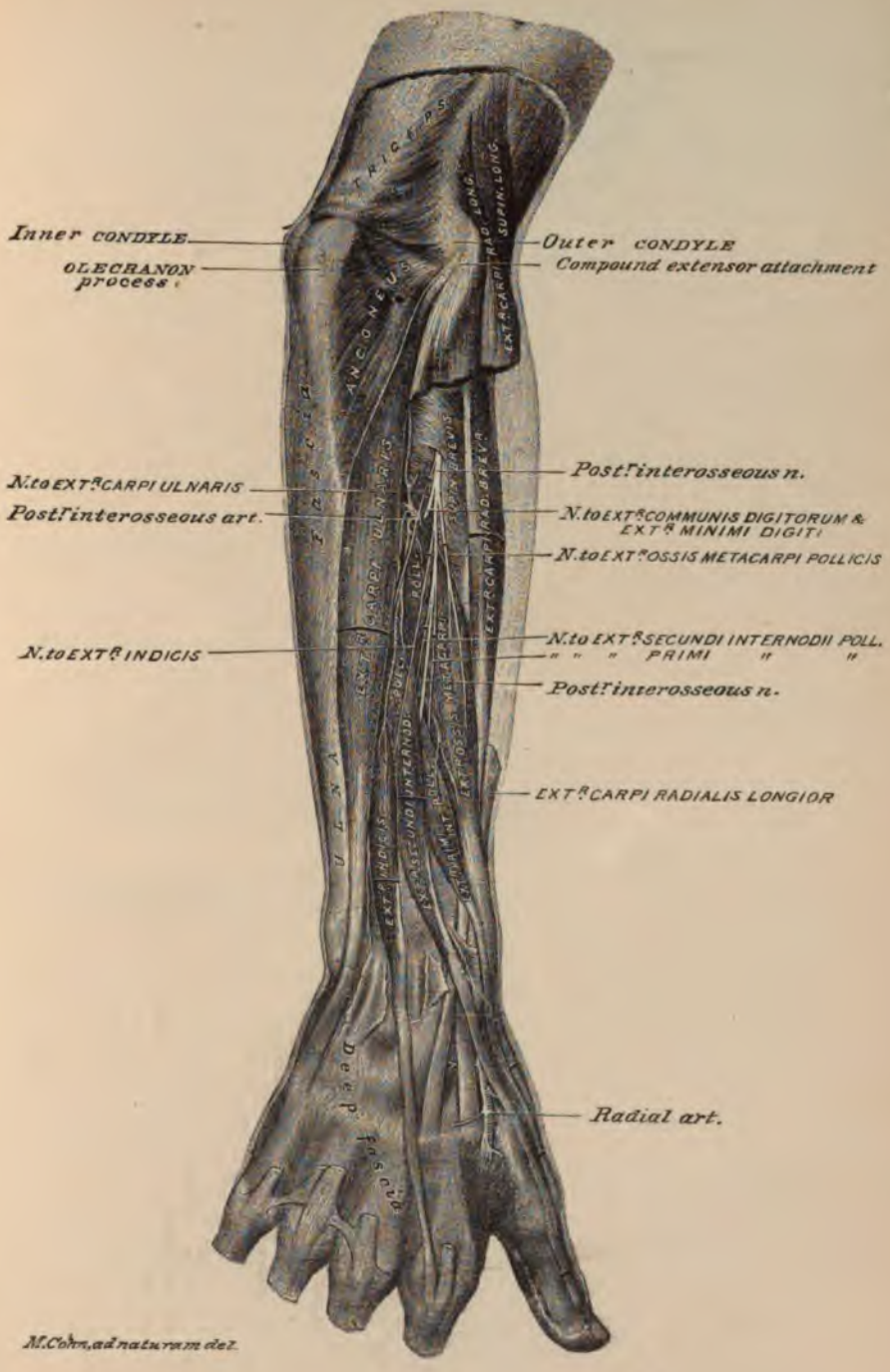

HUMERUS
TRICEPS
Outer CONDYLE
TRICEPS
Inn.l CONDYLE
OLECRANON process
Compound extensor attachment of
EXTENSOR COMMUNIS DIGITORUM
" MINIMI DIGITI
" CARPI ULNARIS
" CARPI RADIALIS BREVIOR
SUPINATOR BREVIS
ULNA
FLEX. PROFUNDUS
EXTENSOR OSSIS METACARPI POLLICIS
RADIUS
PRONATOR RADII TERES
EXT.R SECUNDI INTERNODII POLLICIS
EXT.R PRIMI INTERNODII POLLICIS
EXTENSOR INDICIS
SEMILUNAR
CUNEIFORM
PISIFORM
UNCIFORM
SCAPHOID
OS MAGNUM
TRAPEZOID
TRAPEZIUM
EXT.R CARPI ULNARIS
EXT.R CARP. RADIALIS LONGIOR
" " " BREVIOR
EXT.R PRIMI INTERNOD. POLL.
" SECUNDI " "
EXT.R MINIMI DIGITI (compound digl extl aponeurosis)
1st and 3rd & 4th DORSAL INTEROSSEOUS, palmar portions
EXTENSOR INDICIS (compound digl extl aponeurosis)
EXT.R COMMUNIS DIGITORUM (compound digl extl aponeurosis)
M. Cohn, ad naturam del.


Suprafoxt.l cut.branch of musculo-spir.l n.
Inf.l " " " " " "
Dorsal branch of int.l cutaneous n.
Post.r ulnar v.
Post.r radial v.s
Radial n.
Post.r annular lig.mt
Post.r carpal n.
1st. 2nd. & 3rd. dors.l digital n.s
Communicating branch
4th. 5th. & 6th. dors.l digital n.s
6th. to 10th. Dorsal collateral digital n.s
2nd. to 5th. Dorsal collateral digital n.s


Outer CONDYLE
Compound extensor attachment
OLECRANON process
ANCONEUS
SUPINATOR LONG.
EXT. R. RADIALIS LONGIOR
EXT. R. CARPI ULNARIS
EXT. COMMUNIS DIGITORUM
EXT. MINIMI DIGITI
Initial tendons
EXTENSOR INDICIS
EXT.R PRIMI INTERNODII POLLICIS
" SECUNDI " "
Post annular lig.
EXT.R CARPI RADIALIS LONGIOR
" " " BREVIOR
Terminal tendons
Accessory tendon
Radial art.
EXT.R INDICIS
Communicating slips
M.Conn. ad naturam del.



M. Cohn. ad naturam del.



M. Cohn, ad naturam del.

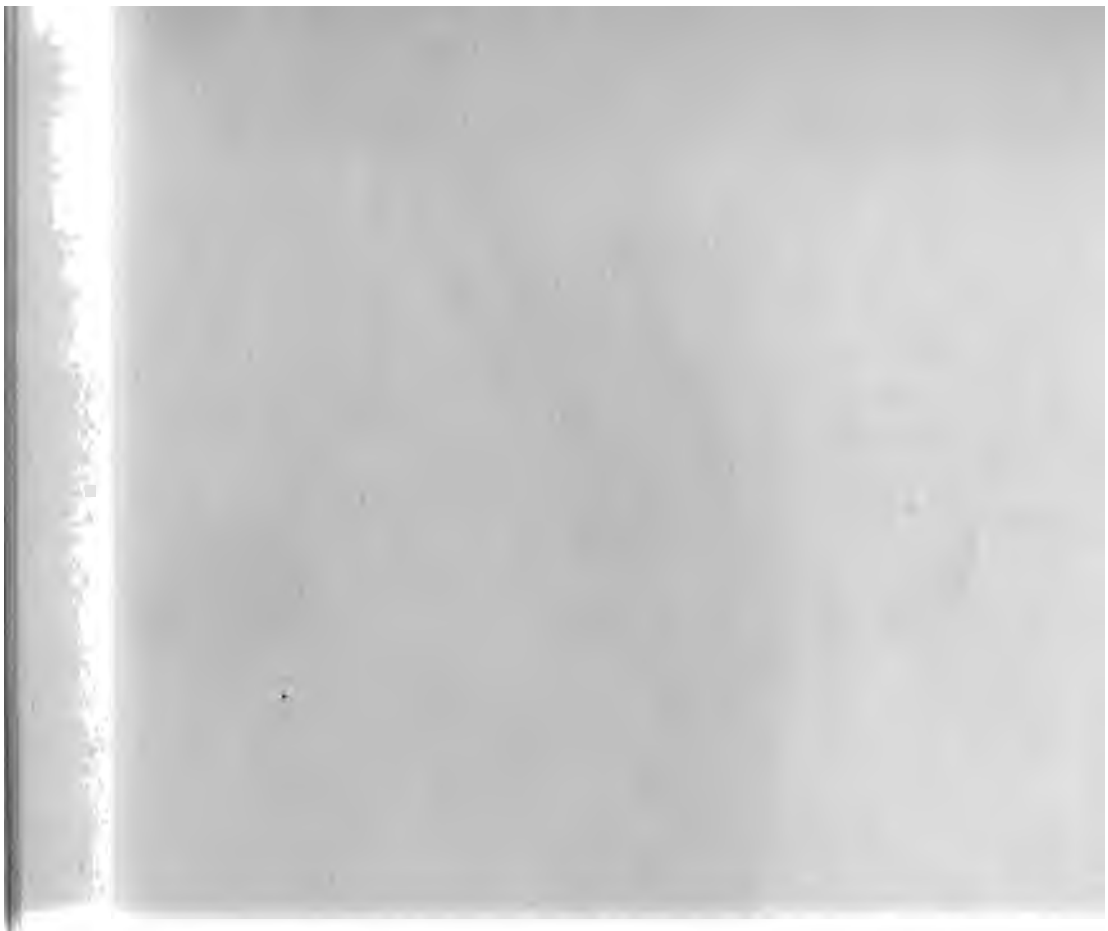
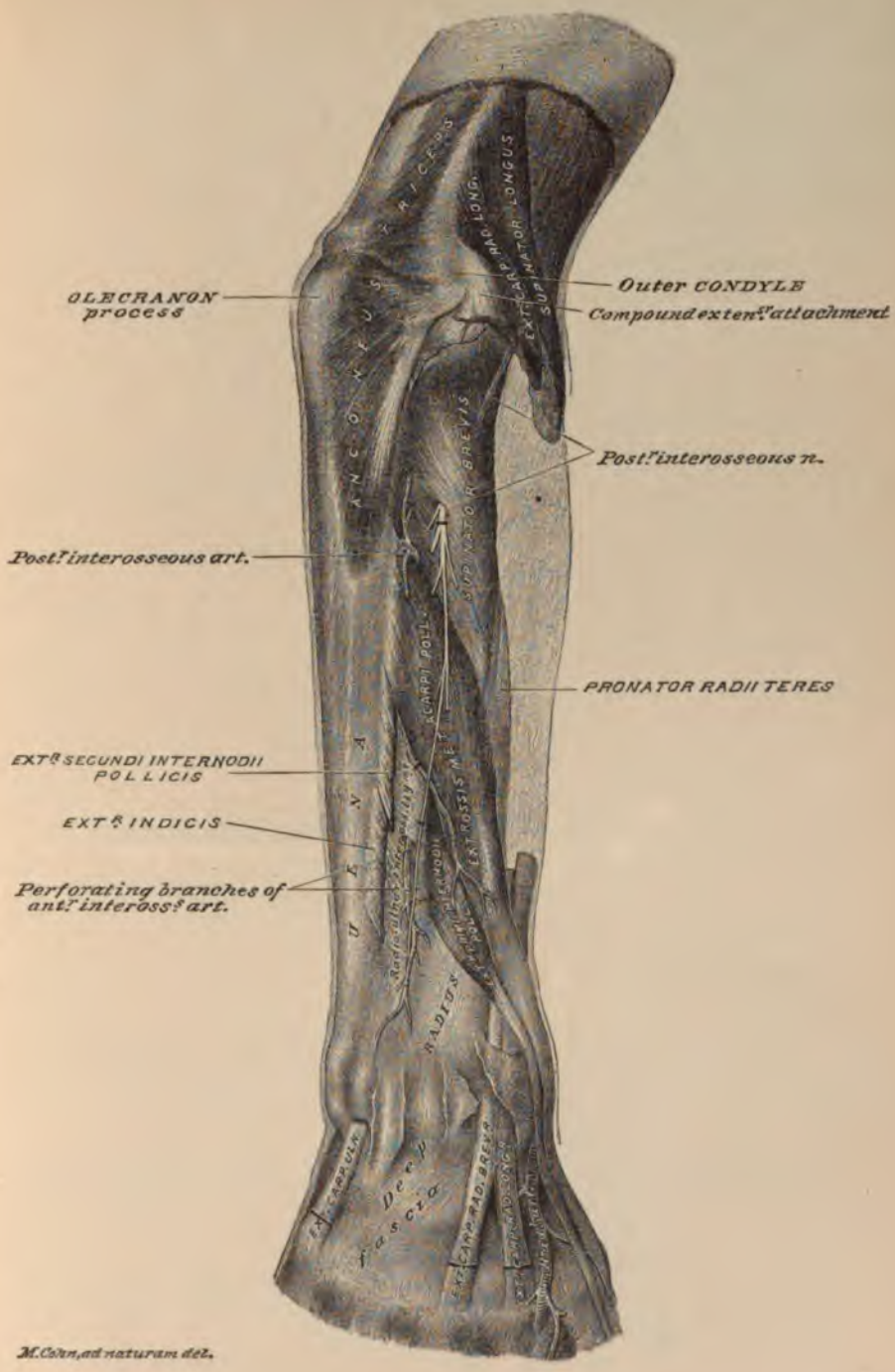
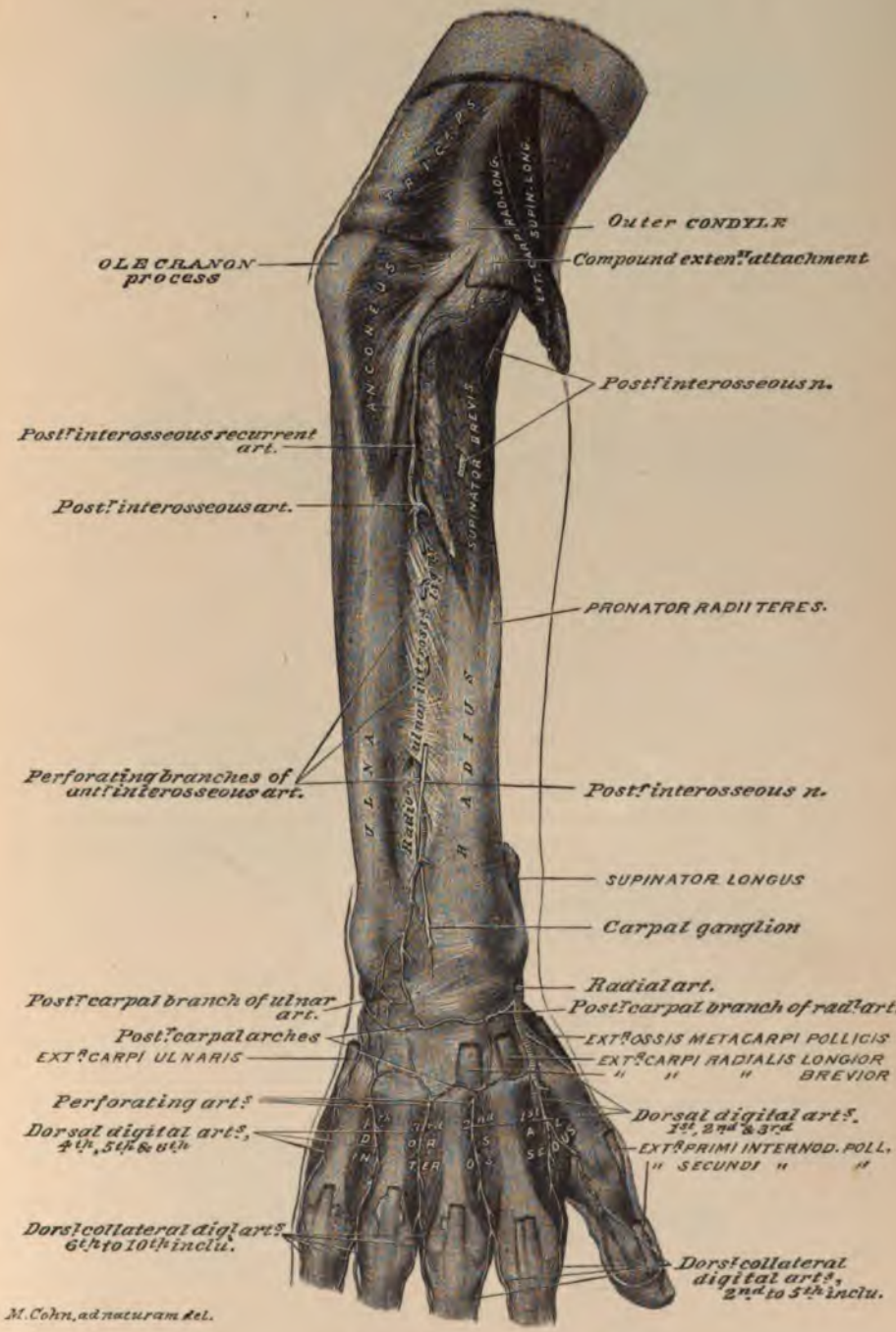


PLATE 168



M. Cohn, ad naturam del.


Outer CONDYLE
OLECRANON process
Compound extens.r attachment
ANCONEUS
EXT. CARP. RADIAL. LONG.
EXT. CARP. RADIAL. BREV.
SUPIN. LONG.
Post.r interosseous n.
Post.r interosseous recurrent art.
Post.r interosseous art.
SUPINATOR BREVIS
PRONATOR RADII TERES.
Perforating branches of ant.r interosseous art.
ULNA
RADIUS
Post.r interosseous n.
SUPINATOR LONGUS
Carpal ganglion
Radial art.
Post.r carpal branch of ulnar art.
Post.r carpal branch of rad.l art.
Post.r carpal arches
EXT.s OSSIS METACARPI POLLICIS
EXT.s CARPI ULNARIS
EXT.s CARPI RADIALIS LONGIOR
" " " BREVIOR
Perforating arts.
Dorsal digital arts. 1st, 2nd & 3rd.
Dorsal digital arts. 4th, 5th & 6th
EXT.s PRIMI INTERNOD. POLL.
" SECUNDI " "
Dorsl collateral digl arts 6th to 10th inclu.
Dorsl collateral digital arts, 2nd to 5th inclu.
M. Cohn, ad naturam del.

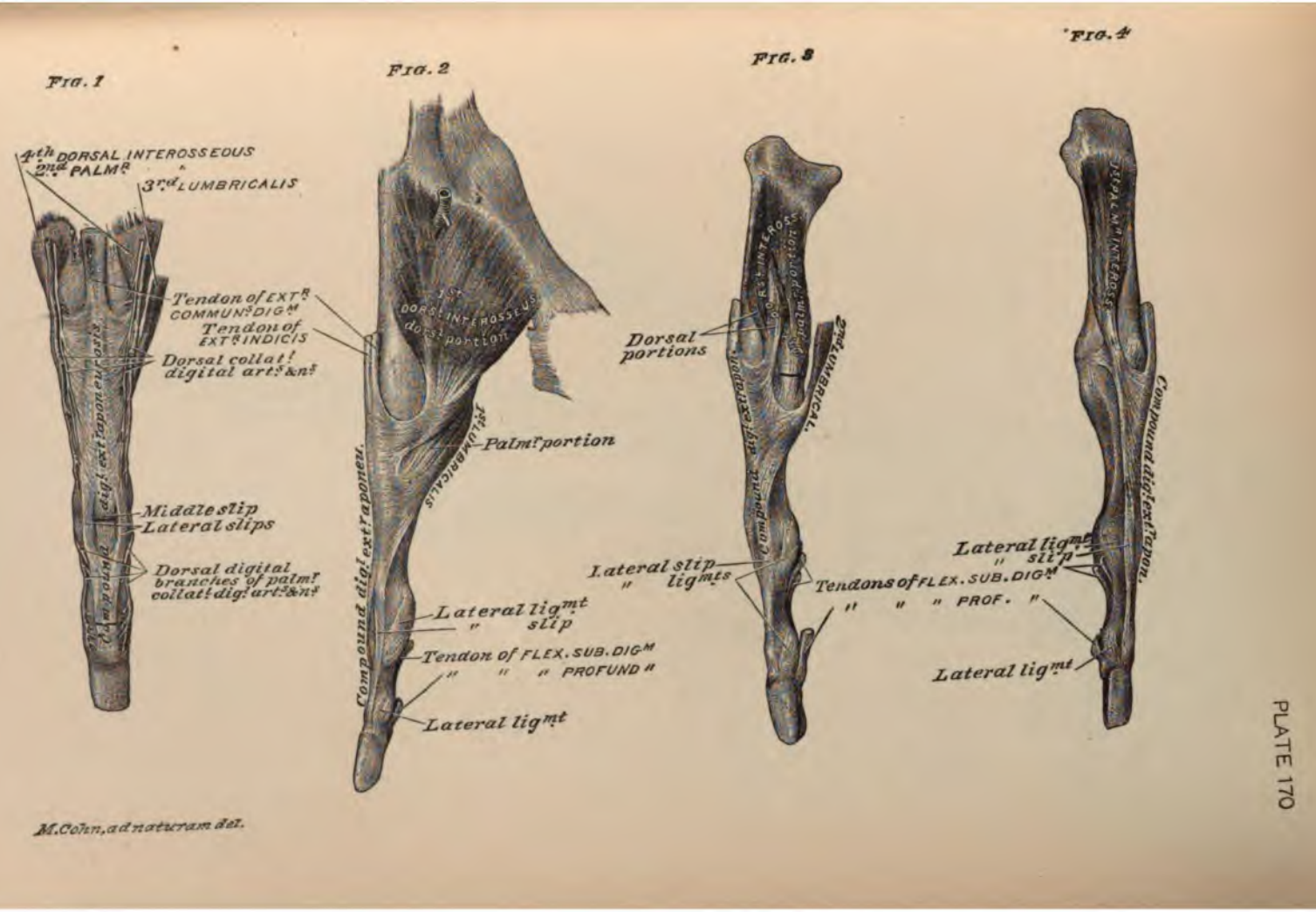
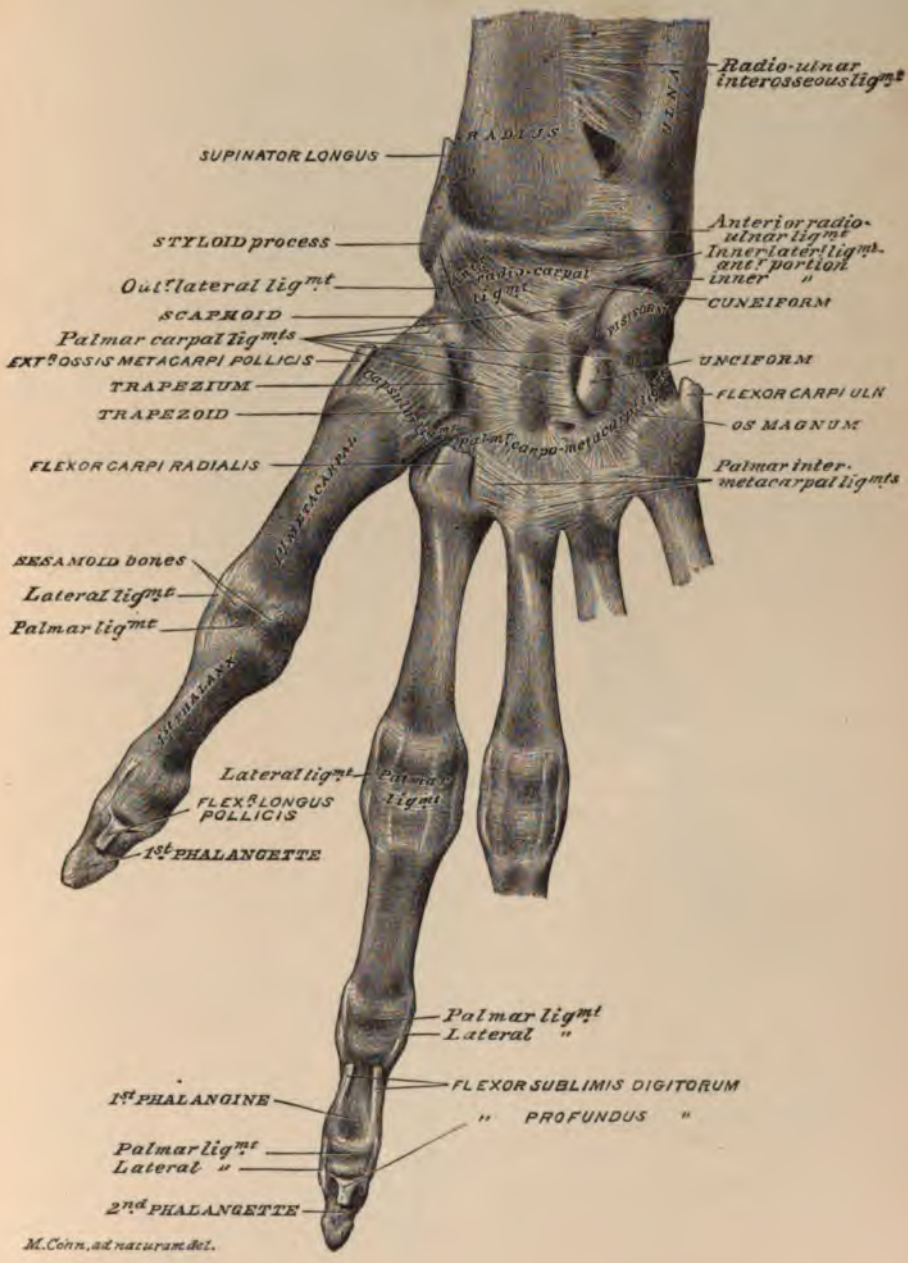


Fig. 1
4th DORSAL INTEROSSEOUS
2nd PALMR
3rd LUMBRICALIS
Tendon of EXTR COMMUNS DIGM
Tendon of EXTR INDICIS
Dorsal collat! digital artS & nS
Middle slip
Lateral slips
Dorsal digital branches of palmr collatl digl artS & nS
Fig. 2
DORSL INTEROSSEUS
Palmr portion
Compound digl ext! tendon.
Lateral ligmt
" slip
Tendon of FLEX. SUB. DIGM
" " " PROFUND "
Lateral ligmt
Fig. 3
Dorsal portions
Lateral slip
" ligmts
Tendons of FLEX. SUB. DIGM
" " " PROF. "
Fig. 4
Lateral ligmt
" slip
Lateral ligmt
M. Cohn, ad naturam del.

PLATE 170



M.Conn, ad naturam del.

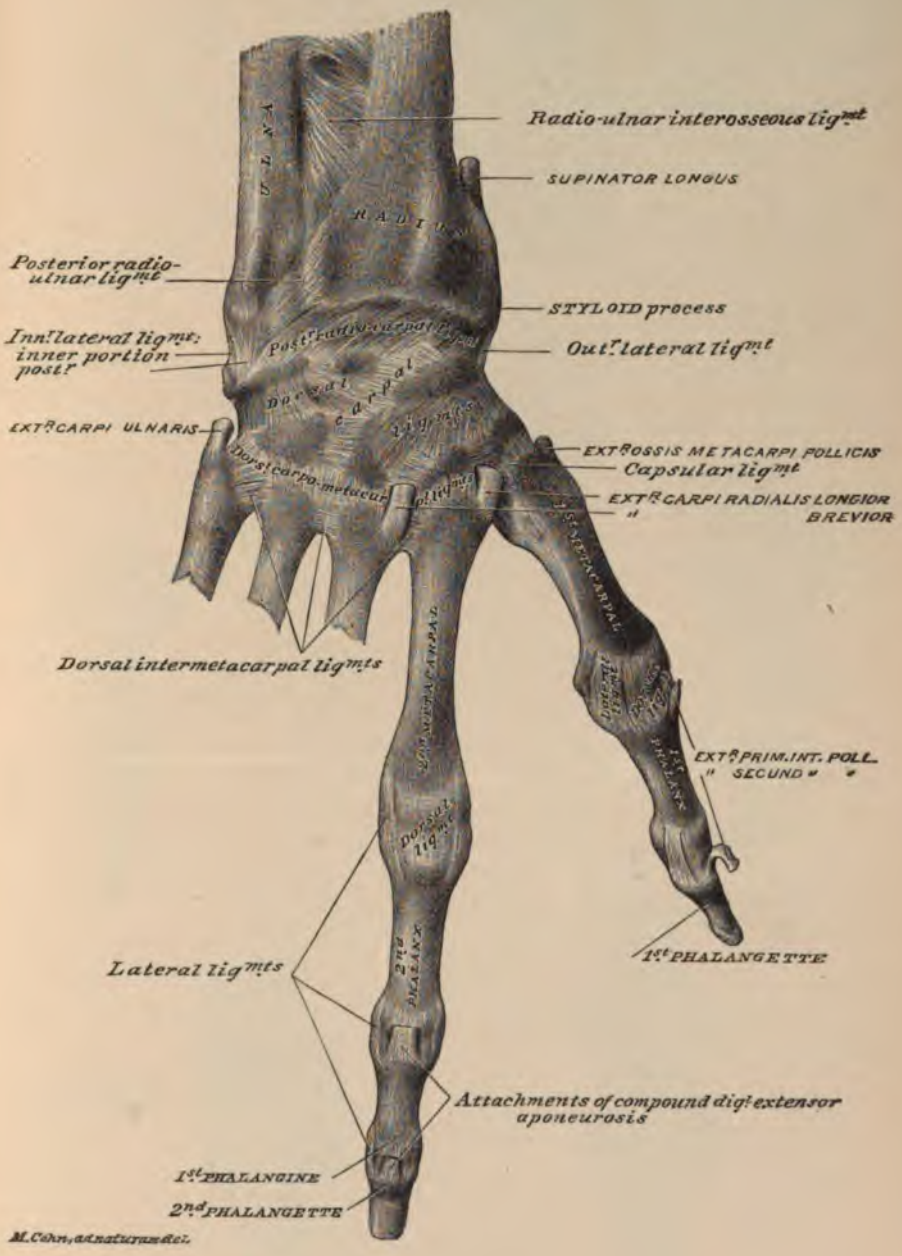

Radio-ulnar interosseous lig.mt
SUPINATOR LONGUS
STYLOID process
Out.r lateral lig.mt
EXT.R OSSIS METACARPI POLLICIS
Capsular lig.mt
EXT.R CARPI RADIALIS LONGIOR
BREVIOR
EXT.R CARPI ULNARIS
Posterior radio-ulnar lig.mt
Inn.r lateral lig.mt: inner portion post.r
Dorsal intermetacarpal lig.mts
EXT.R PRIM. INT. POLL.
" SECUND " "
1st PHALANGETTE
Lateral lig.mts
Attachments of compound dig.l extensor aponeurosis
1st PHALANGINE
2nd PHALANGETTE
M. Cohn, ad naturam del.

FIG. 1

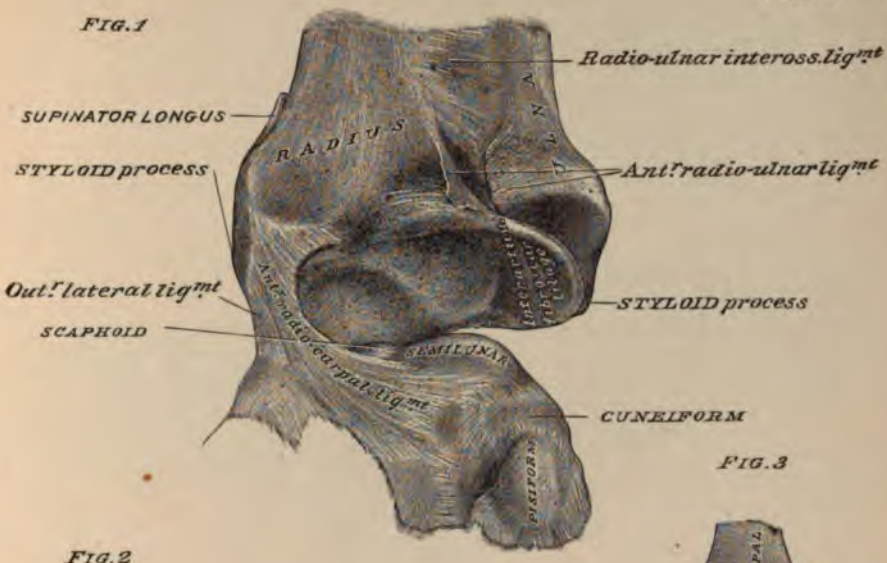


FIG. 2

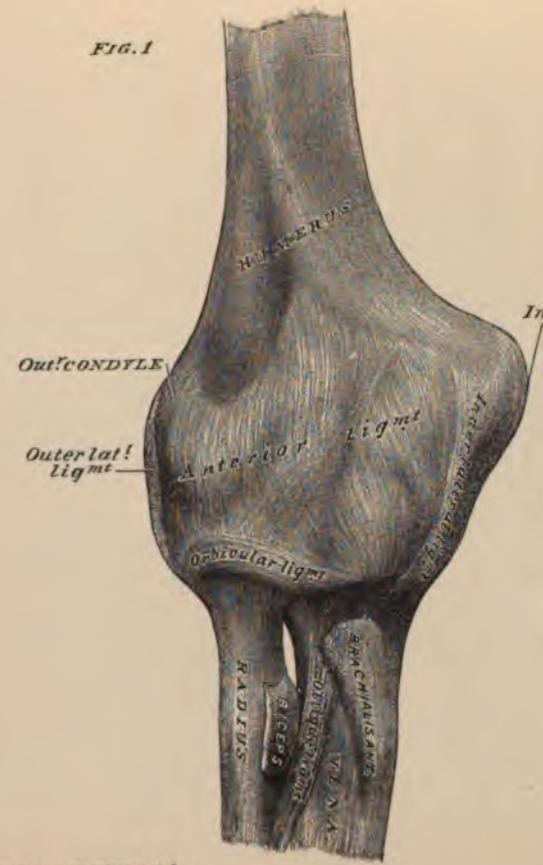
FIG. 3

FIG. 5

FIG. 4

M. Cohn, ad naturam del.

FIG. 1



M. Cohn, ad naturam del.

FIG. 2

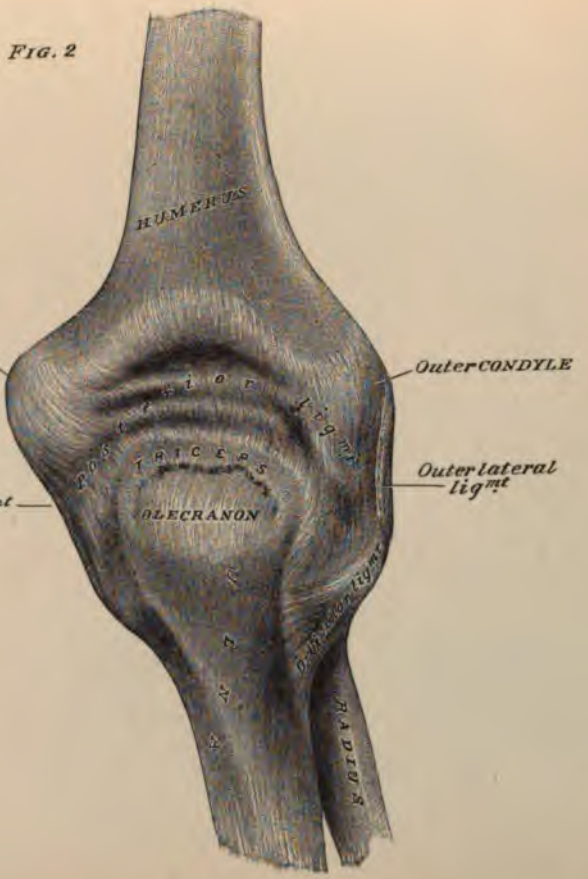


PLATE 174

FIG. 1

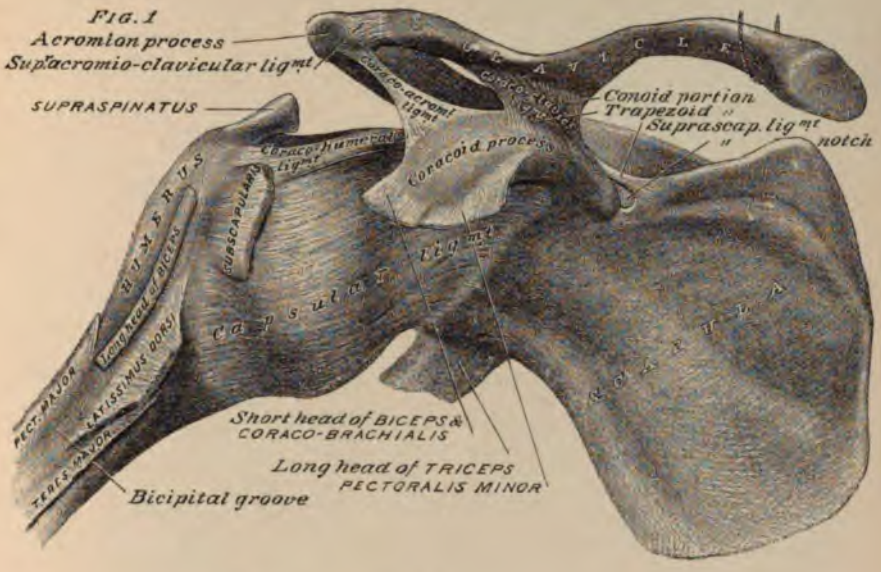
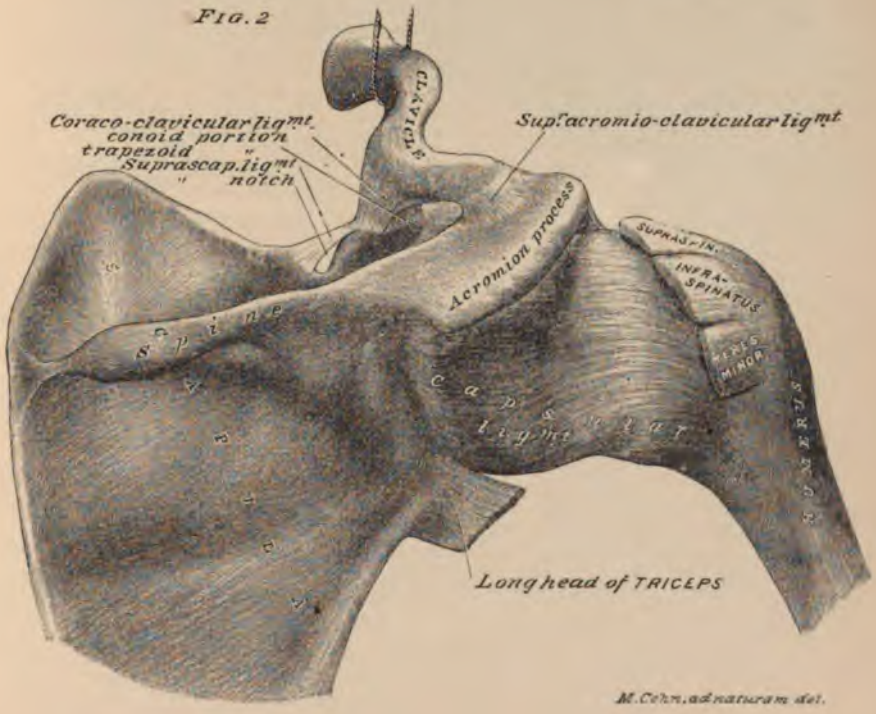
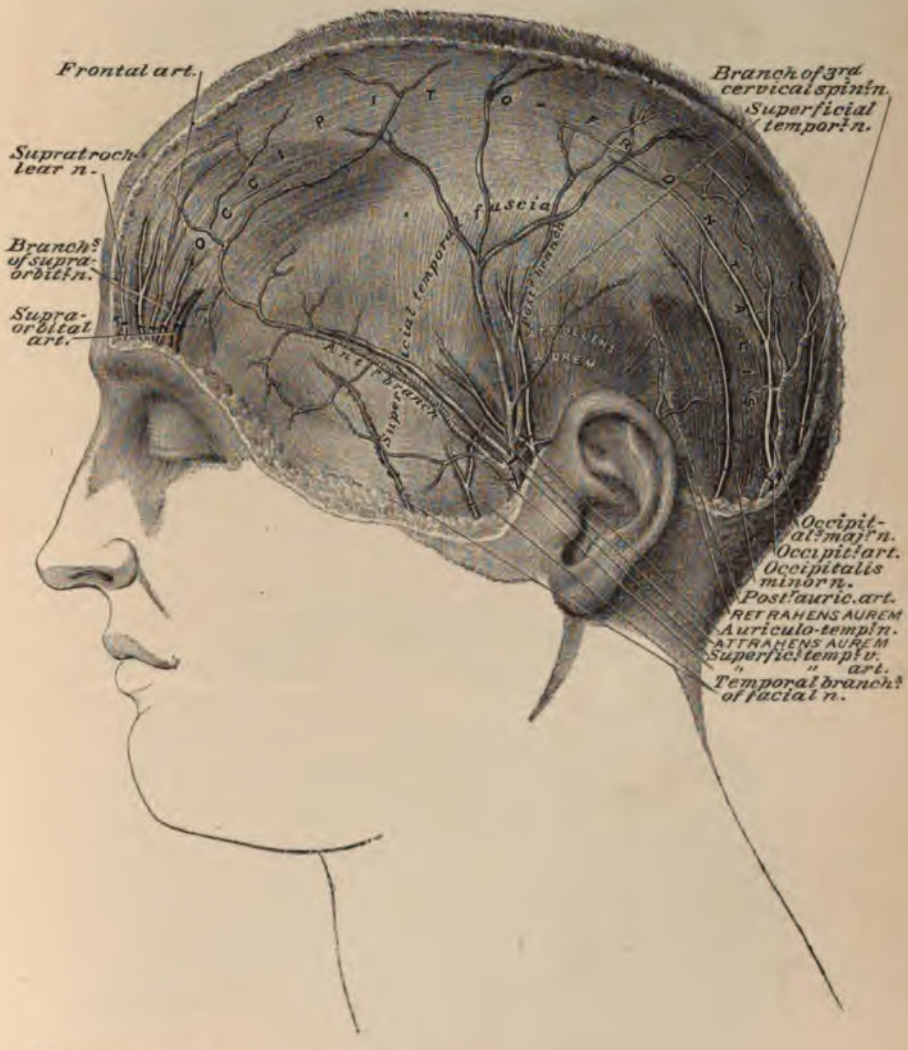


FIG. 2



M. Cohn, ad naturam del.



M'Cahn, ad naturam del.

FIG. 1

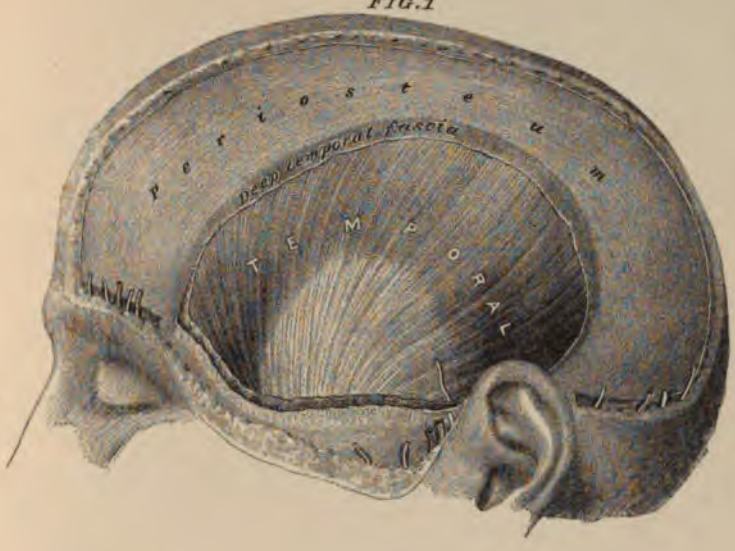
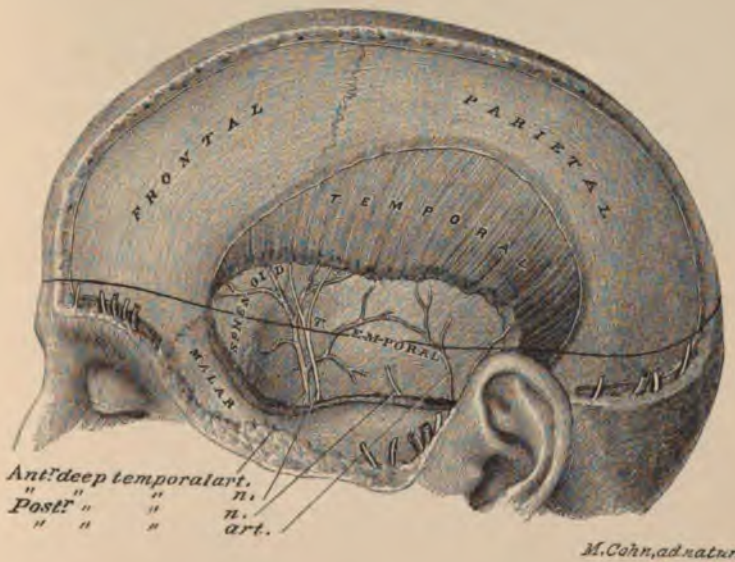
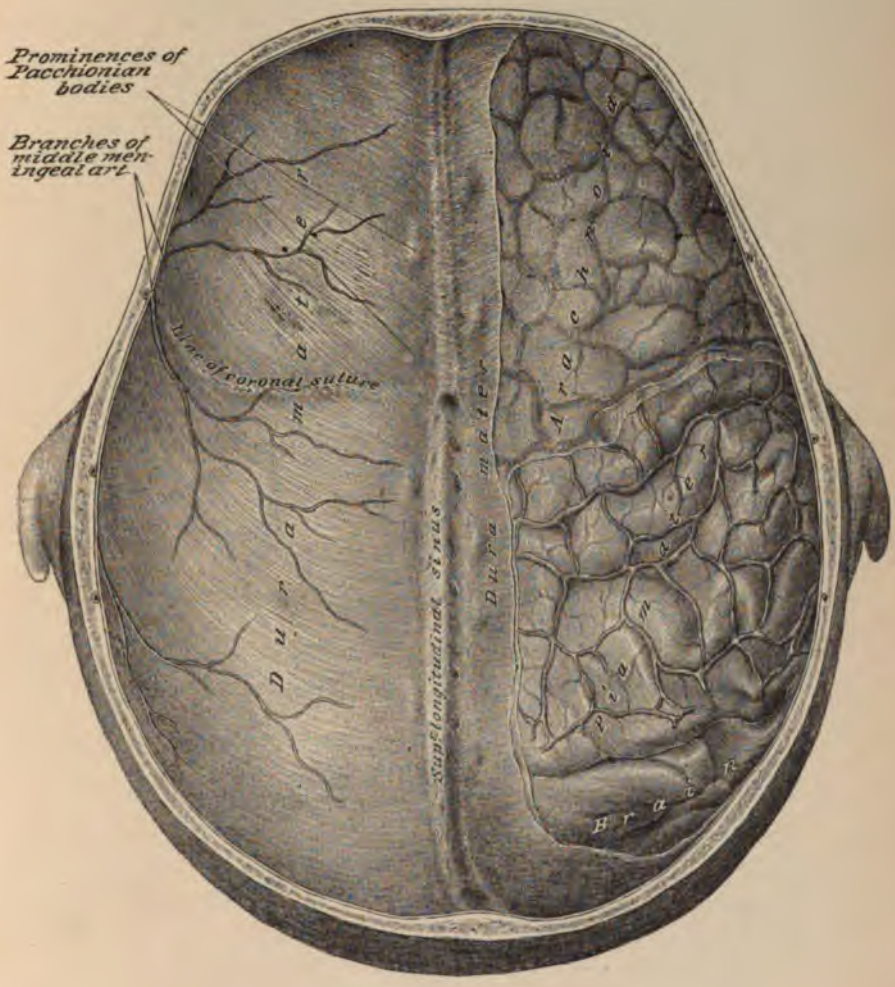


FIG. 2



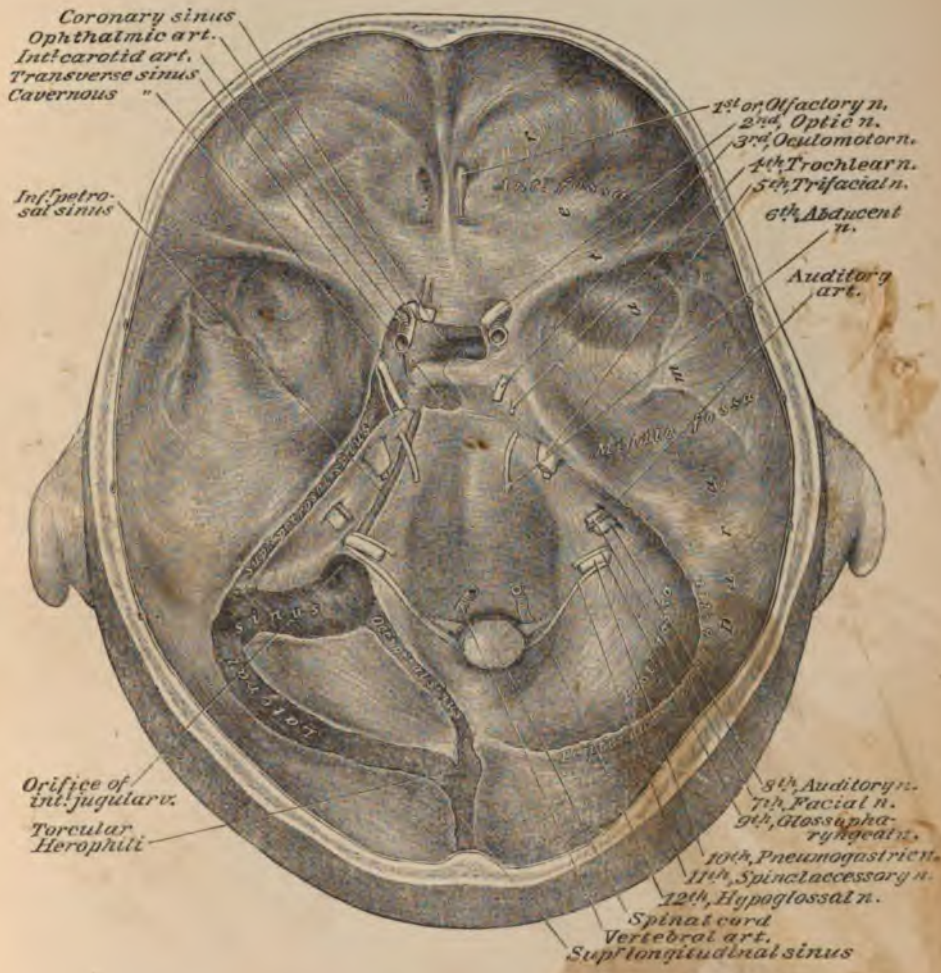
M. Cohn, ad naturam del.

PLATE 179



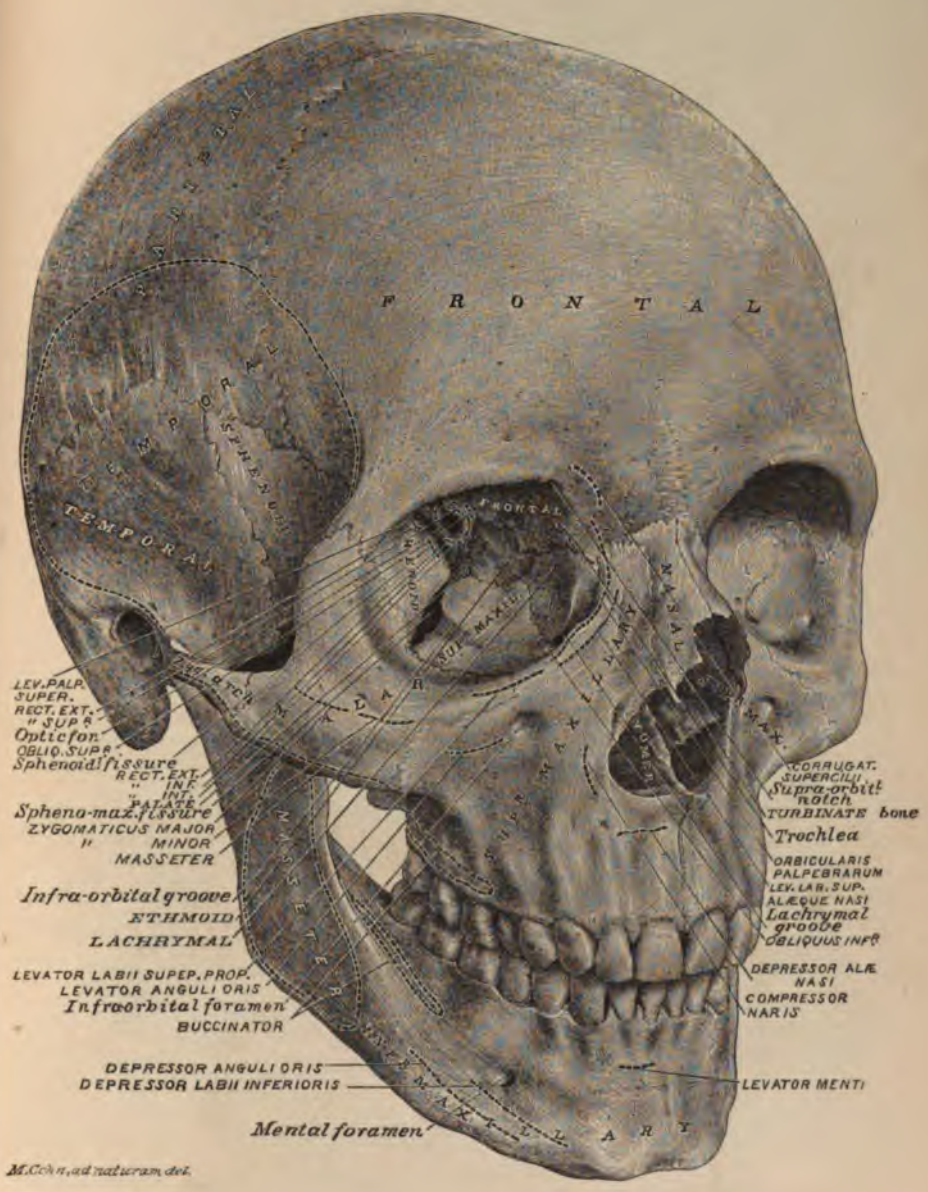
M. Cohn, ad naturam del.

PLATE 180



M. Coha. ad naturam del.

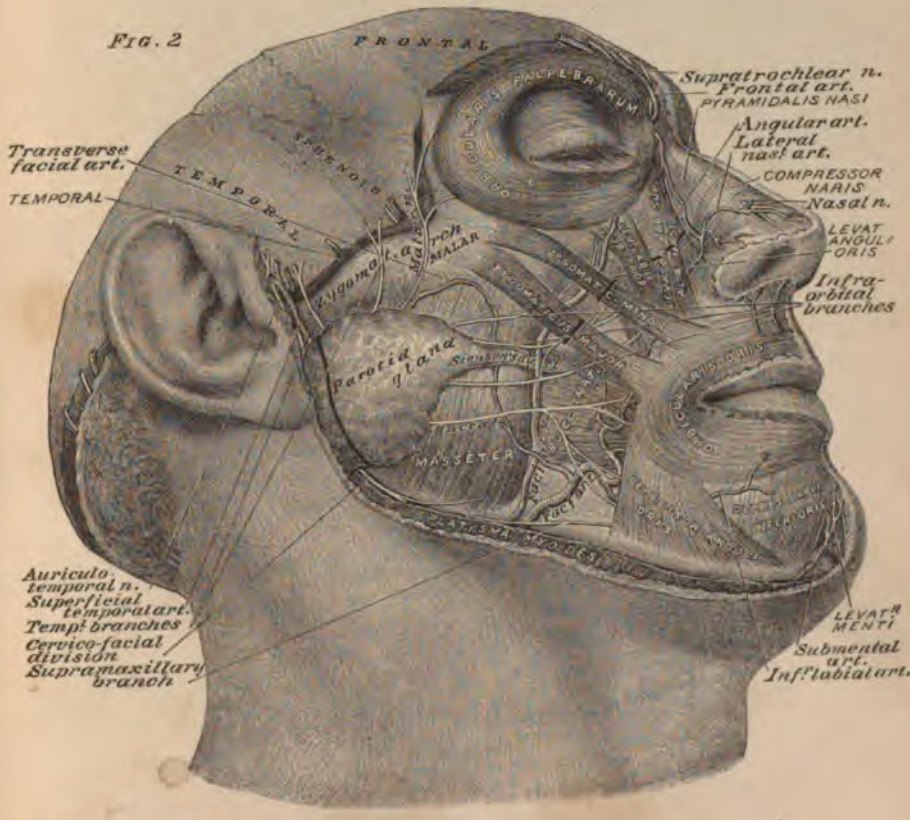
PLATE 181



M. Cohn, ad naturam del.

FIG. 1

FIG. 2



M. Cohn, ad naturam del.

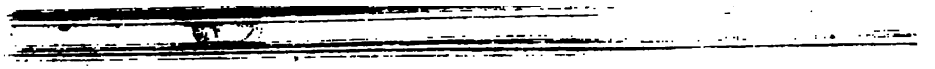
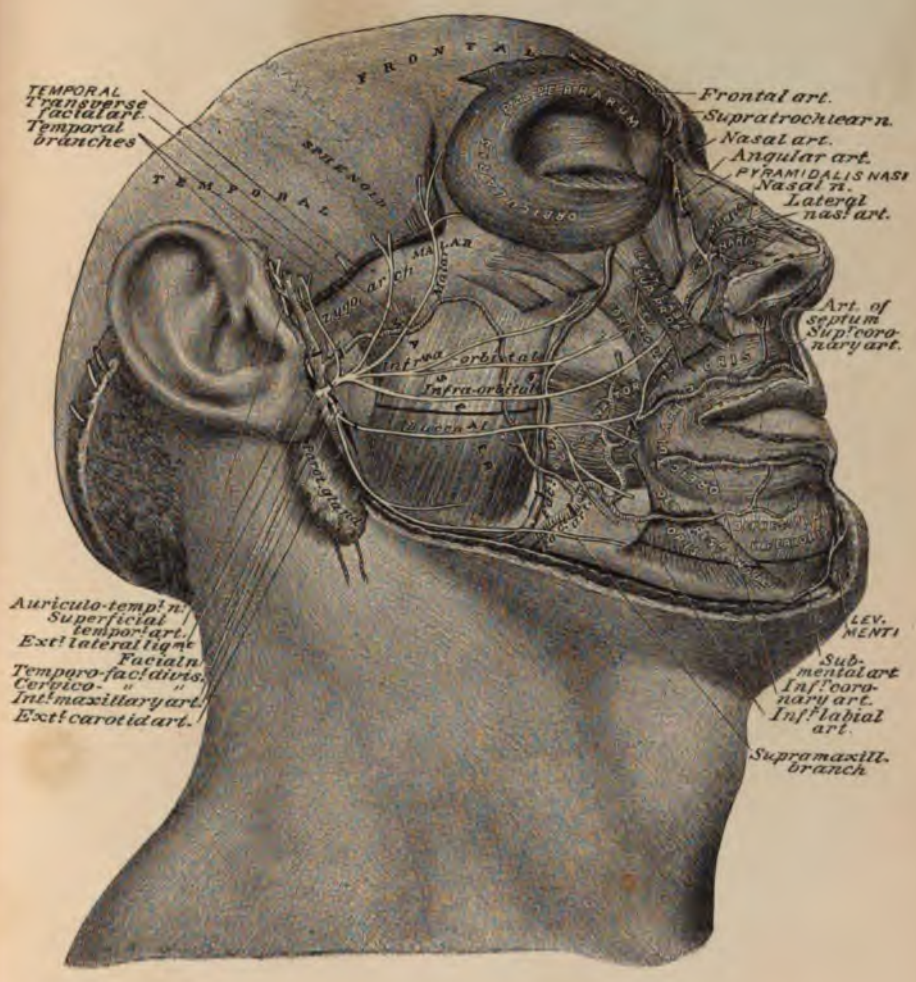


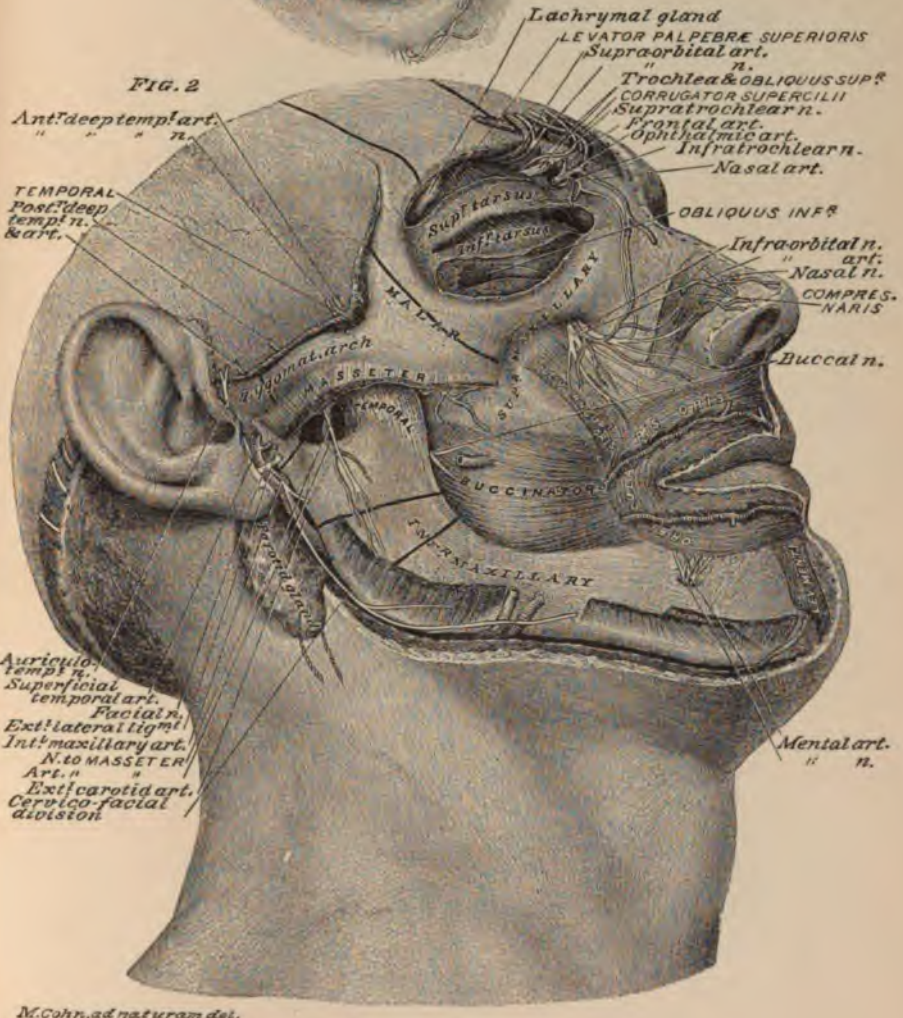
PLATE 183



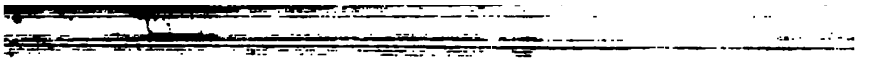
M.Cohn, ad naturam del.

FIG. 1

FIG. 2



M. Cohn, ad naturam del.



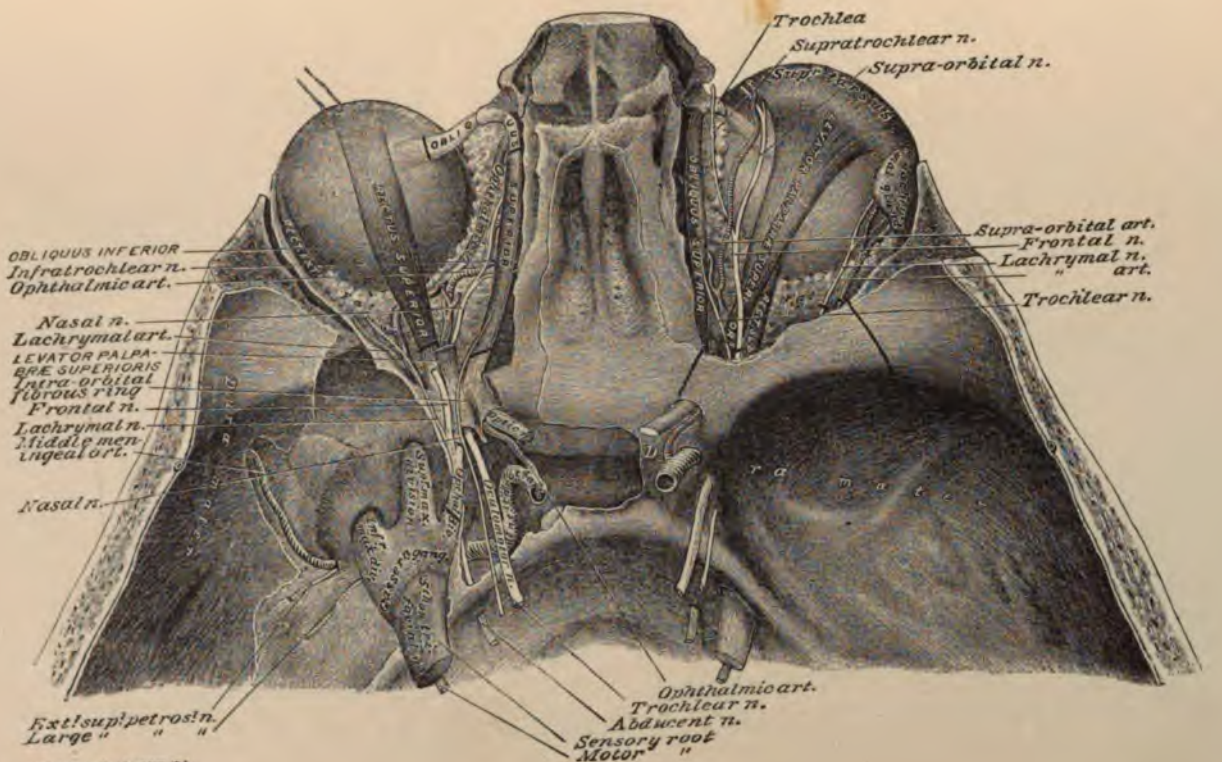
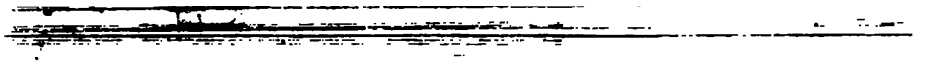

Trochlea
Supratrochlear n.
Supra-orbital n.
Supra-orbital art.
Frontal n.
Lachrymal n.
" art.
Trochlear n.
OBLIQUUS INFERIOR
Infratrochlear n.
Ophthalmic art.
Nasal n.
Lachrymal art.
LEVATOR PALPA-
BRÆ SUPERIORIS
Intra-orbital
fibrous ring
Frontal n.
Lachrymal n.
Middle men-
ingeal art.
Nasal n.
Ophthalmic art.
Trochlear n.
Abducent n.
Sensory root
Motor "
Ext! sup! petros! n.
Large " " "
M.Cohn, ad naturam del.

PLATE 185



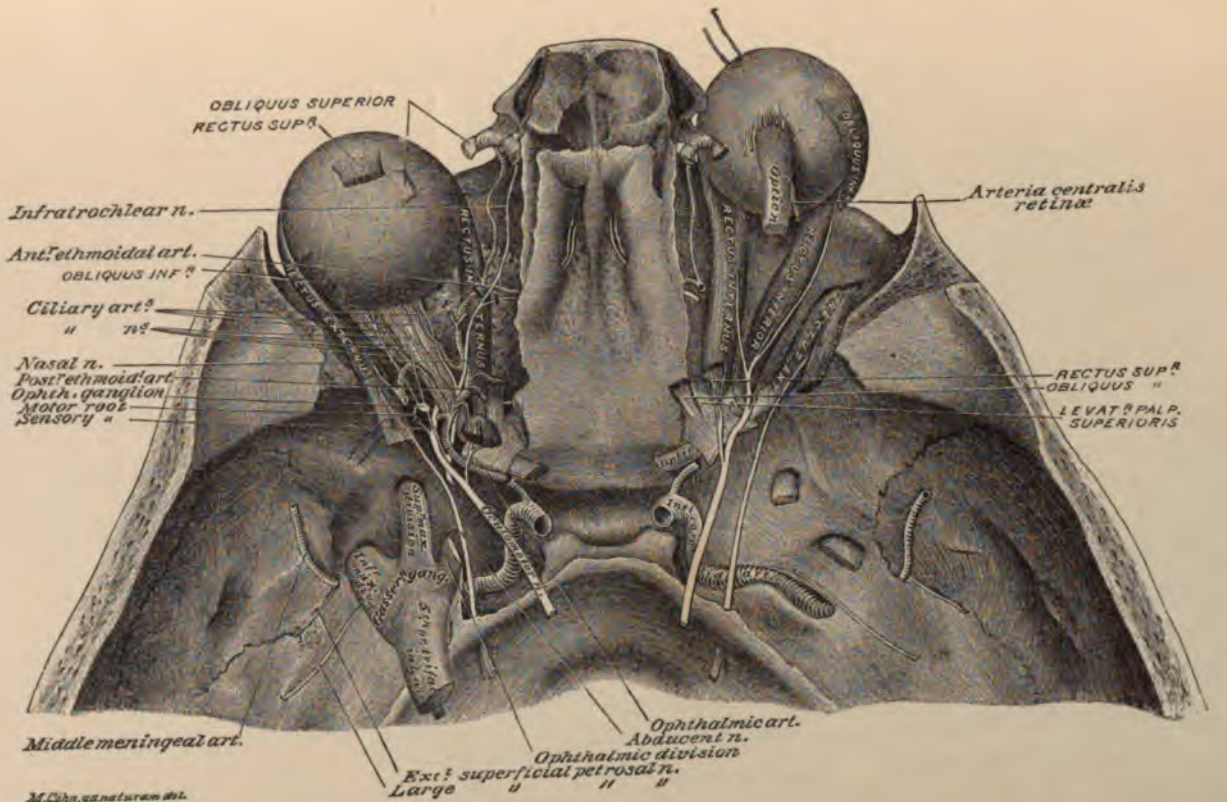
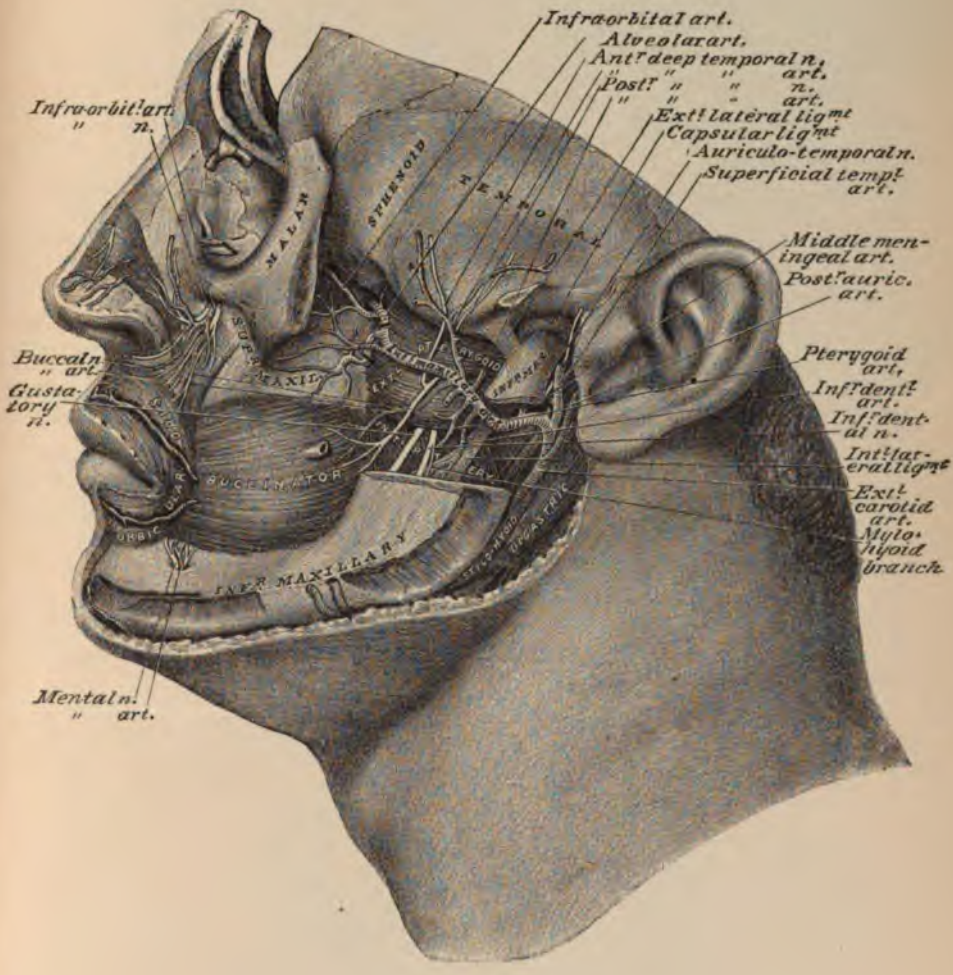

OBLIQUUS SUPERIOR
RECTUS SUP.R
Infratrochlear n.
Ant.r ethmoidal art.
OBLIQUUS INF.R
Ciliary art.s
" n.s
Nasal n.
Post.r ethmoid.l art.
Opth. ganglion
Motor root
Sensory "
Arteria centralis retinæ
RECTUS SUP.R
OBLIQUUS "
LEVAT.R PAL.P. SUPERIORIS
Middle meningeal art.
Ophthalmic art.
Abducent n.
Ophthalmic division
Ext.l superficial petrosal n.
Large " " "
M.Cohn, ad naturam del.

PLATE 186



M.Cohn, ad naturam del.

FIG. 1

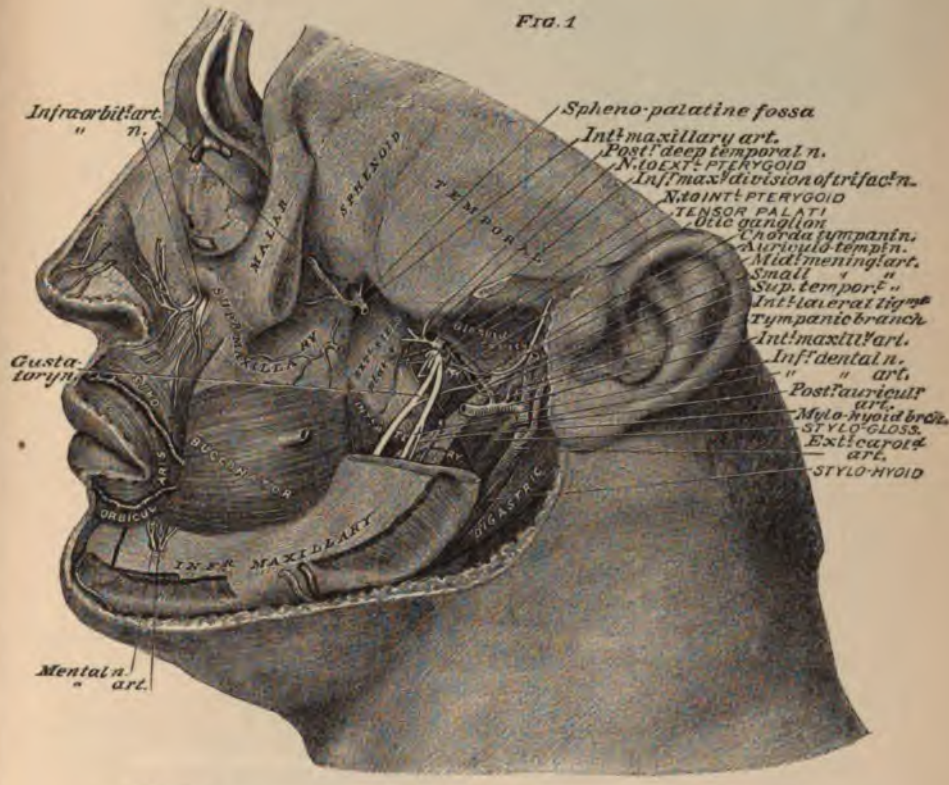
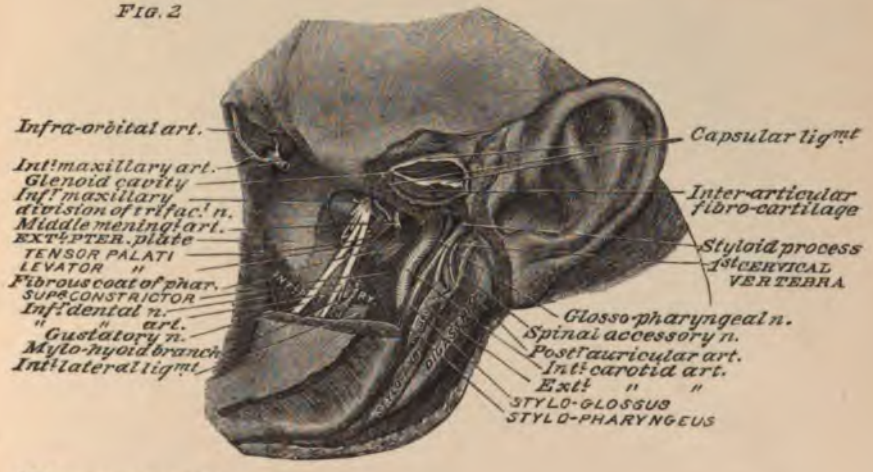
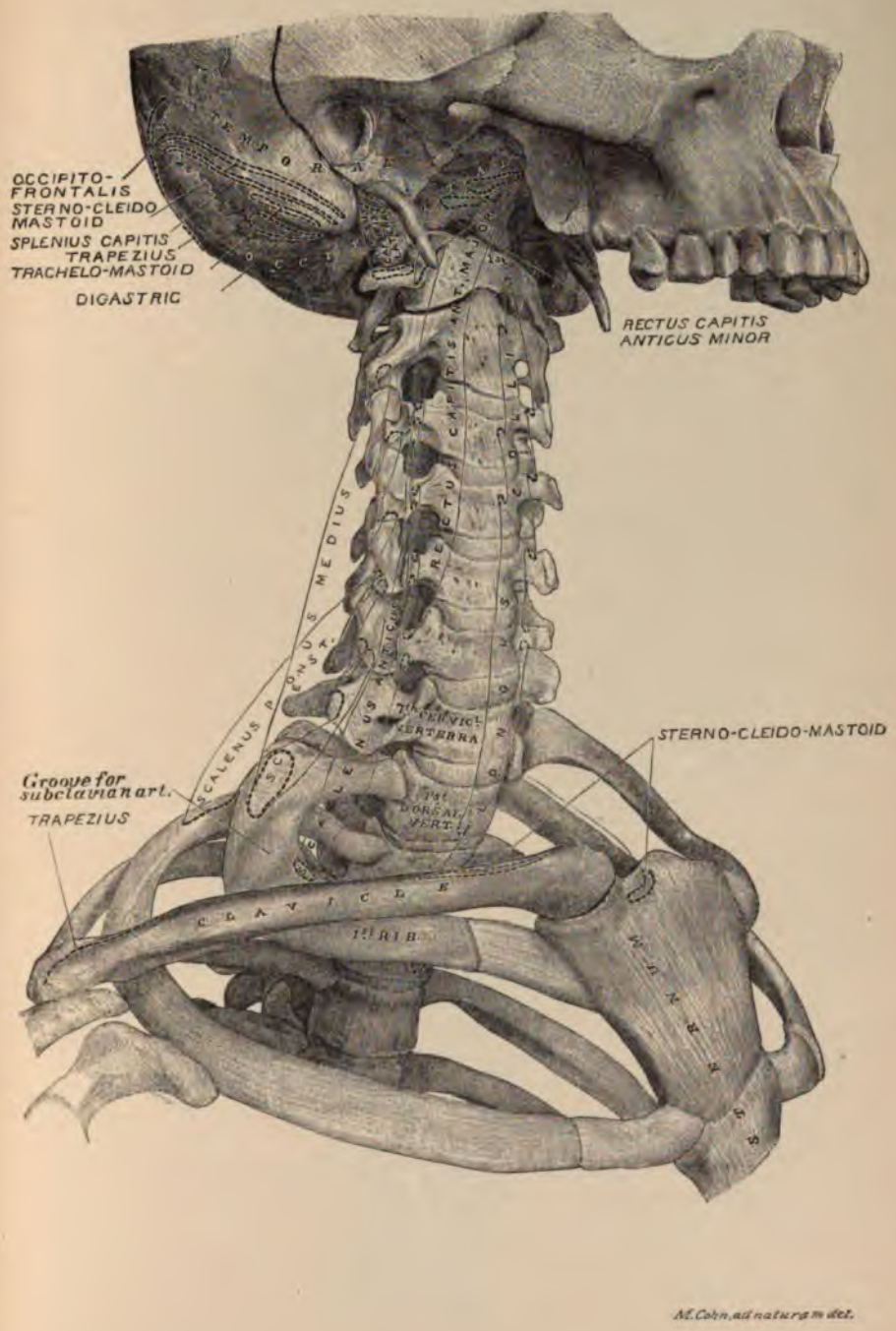


FIG. 2



M. Cohn, ad naturam del.

PLATE 189



M. Cohn, ad naturam del.

PLATE 190

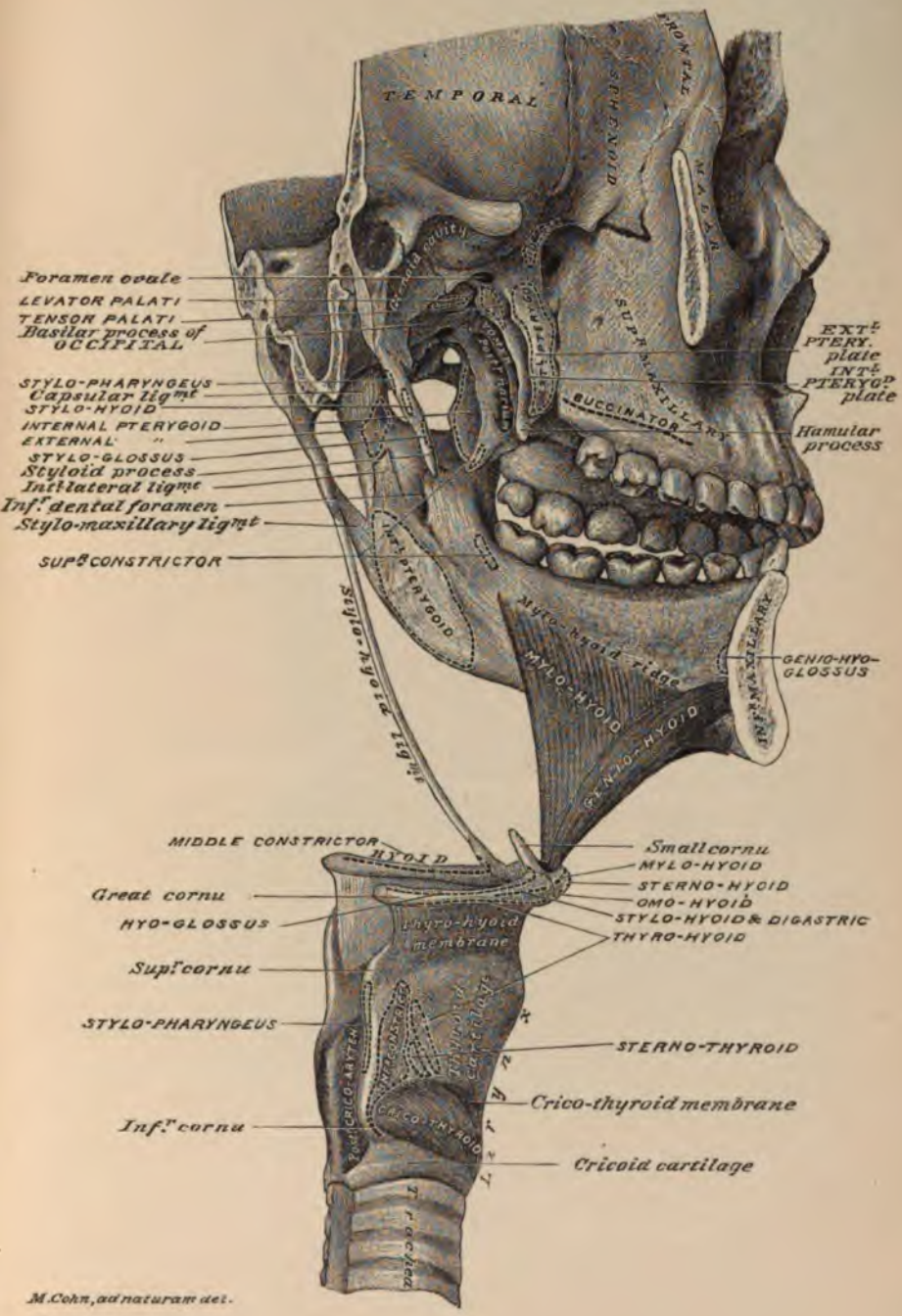
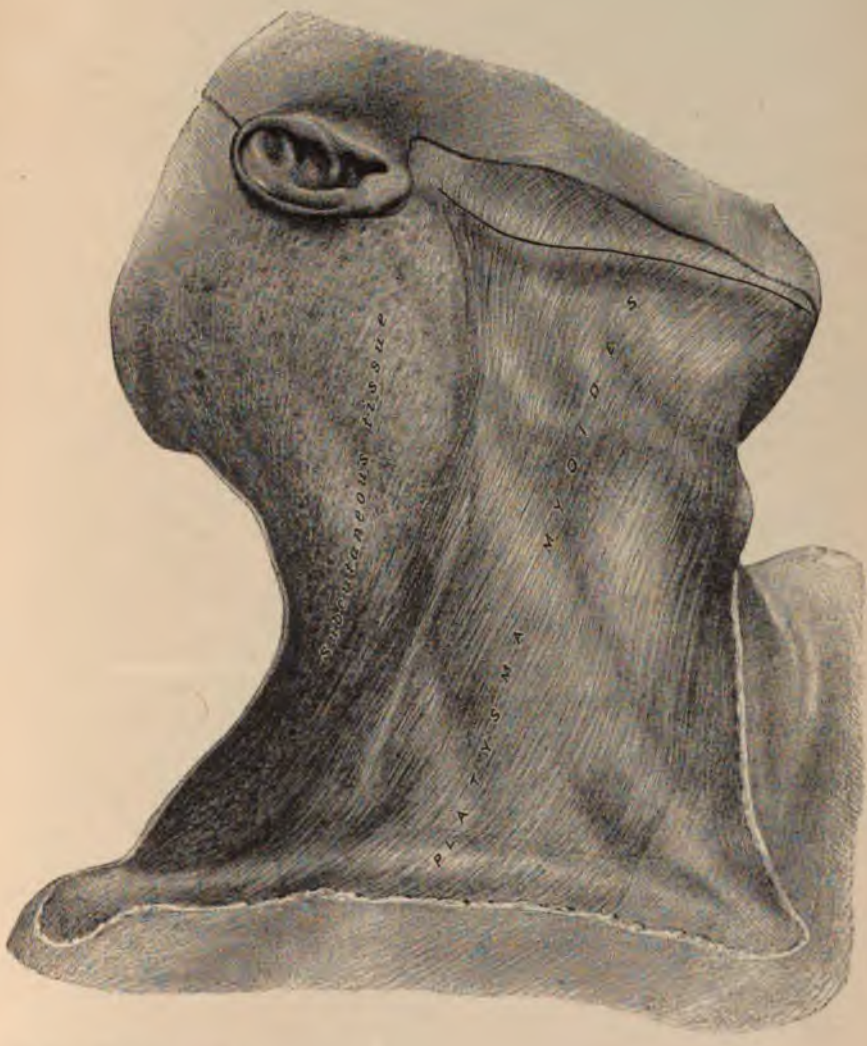
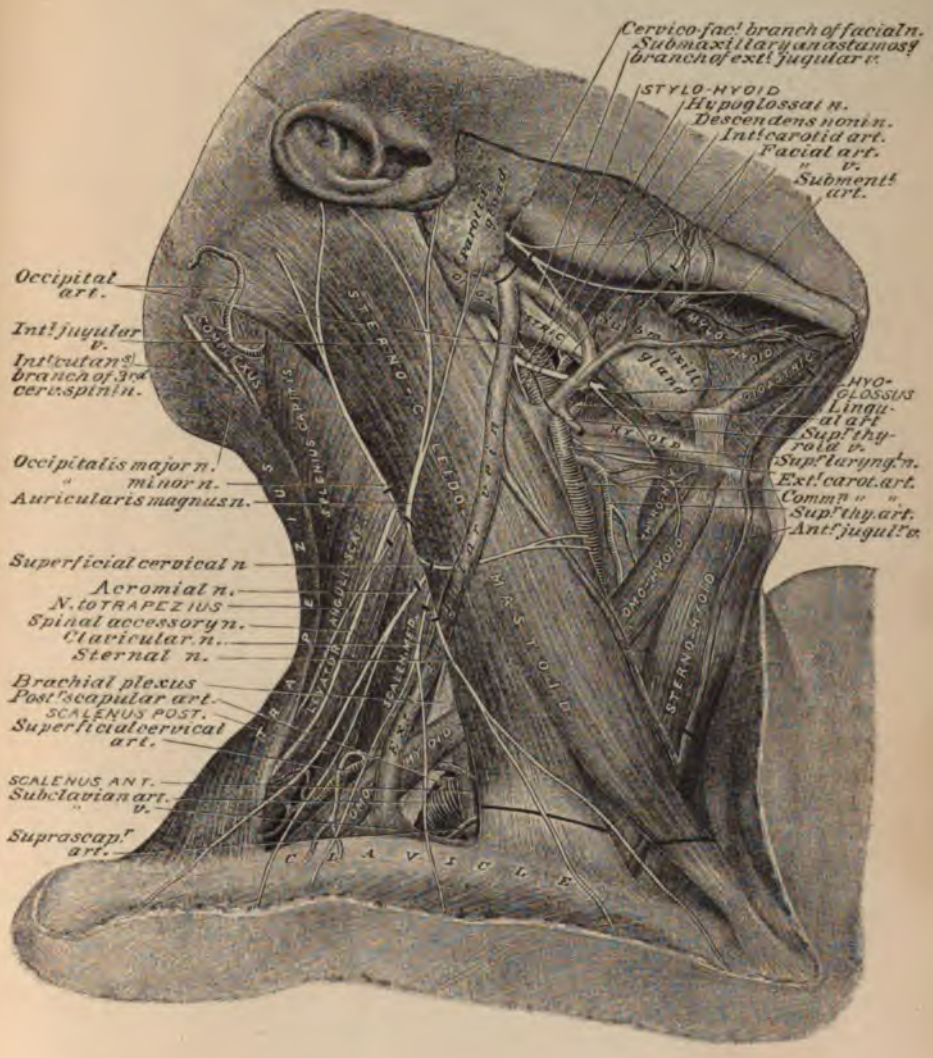

TEMPORAL
FRONTAL
SPHENOID
MALAR
Foramen ovale
LEVATOR PALATI
TENSOR PALATI
Basilar process of OCCIPITAL
STYLO-PHARYNGEUS
Capsular ligmt
STYLO-HYOID
INTERNAL PTERYGOID
EXTERNAL "
STYLO-GLOSSUS
Styloid process
Int.l lateral ligmt
Inf.r dental foramen
Stylo-maxillary ligmt
SUP.r CONSTRICTOR
SUPRA-MAXILLARY
BUCCINATOR
EXT.l PTERY. plate
INT.l PTERYG.D plate
Hamular process
Stylo-hyoid ligmt
Mylo-hyoid ridge
MYLO-HYOID
GENIO-HYO-GLOSSUS
INFRA-MAXILLARY
MIDDLE CONSTRICTOR
HYOID
Great cornu
HYO-GLOSSUS
Sup.r cornu
STYLO-PHARYNGEUS
Inf.r cornu
Small cornu
MYLO-HYOID
STERNO-HYOID
OMO-HYOID
STYLO-HYOID & DIGASTRIC
THYRO-HYOID
Thyro-hyoid membrane
STERNO-THYROID
Crico-thyroid membrane
Cricoid cartilage
M.Cohn, ad naturam del.

PLATE 191

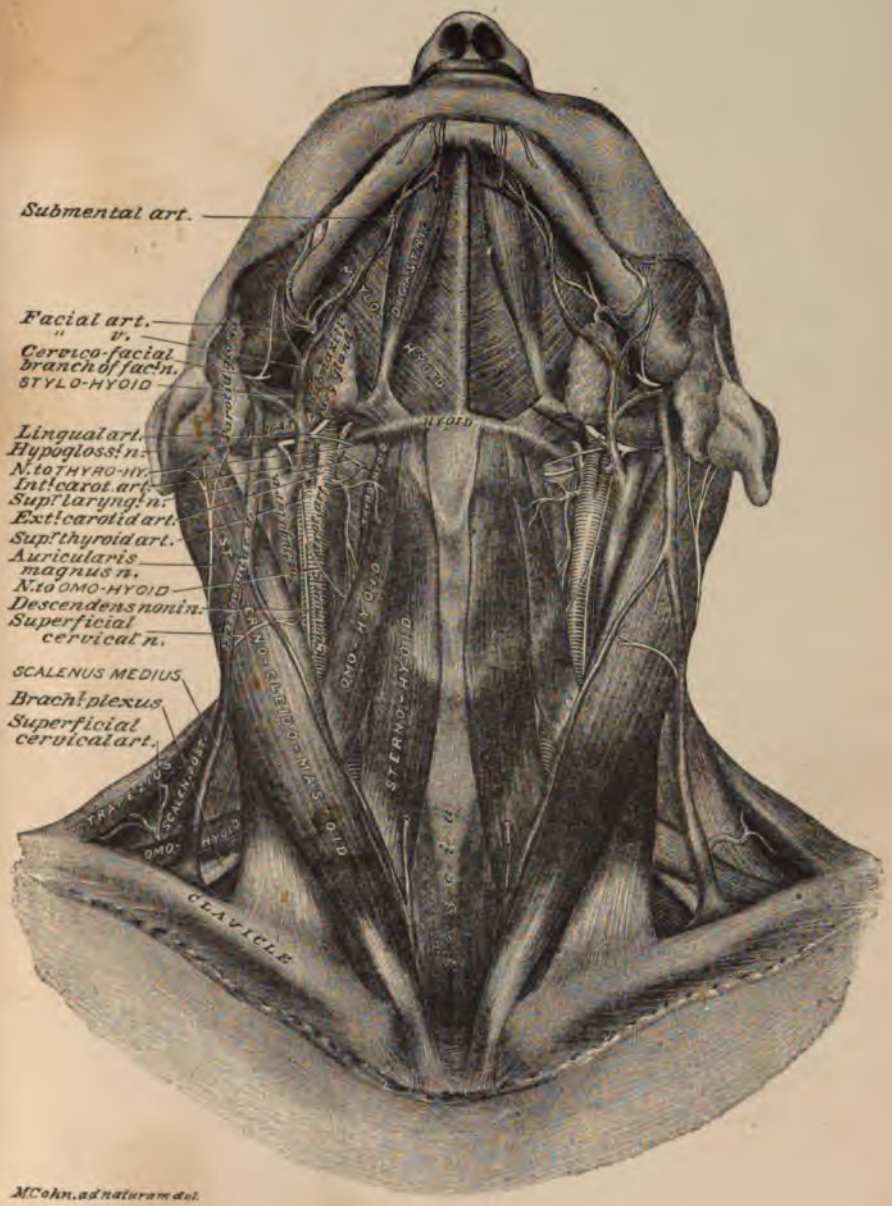


M. Cohn, ad naturam del.



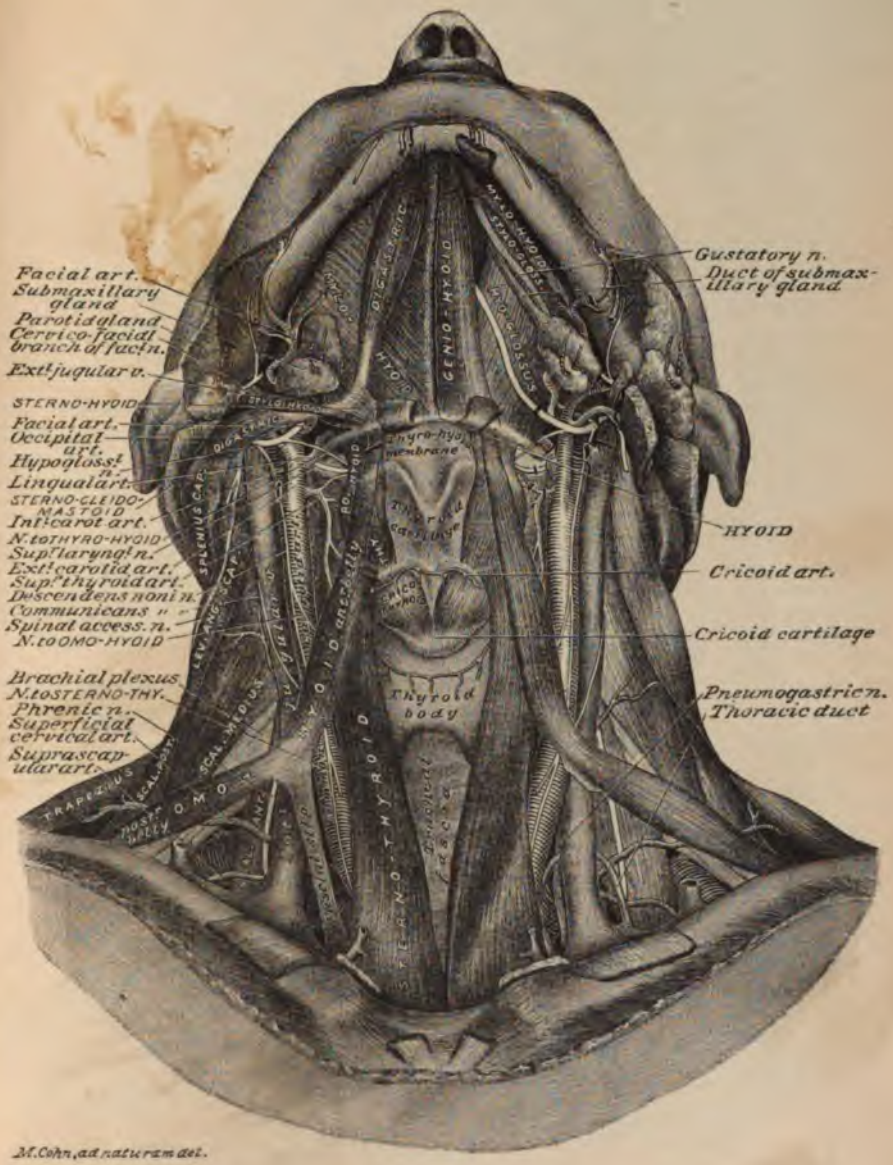
M. Cohn, ad naturam del.

PLATE 193

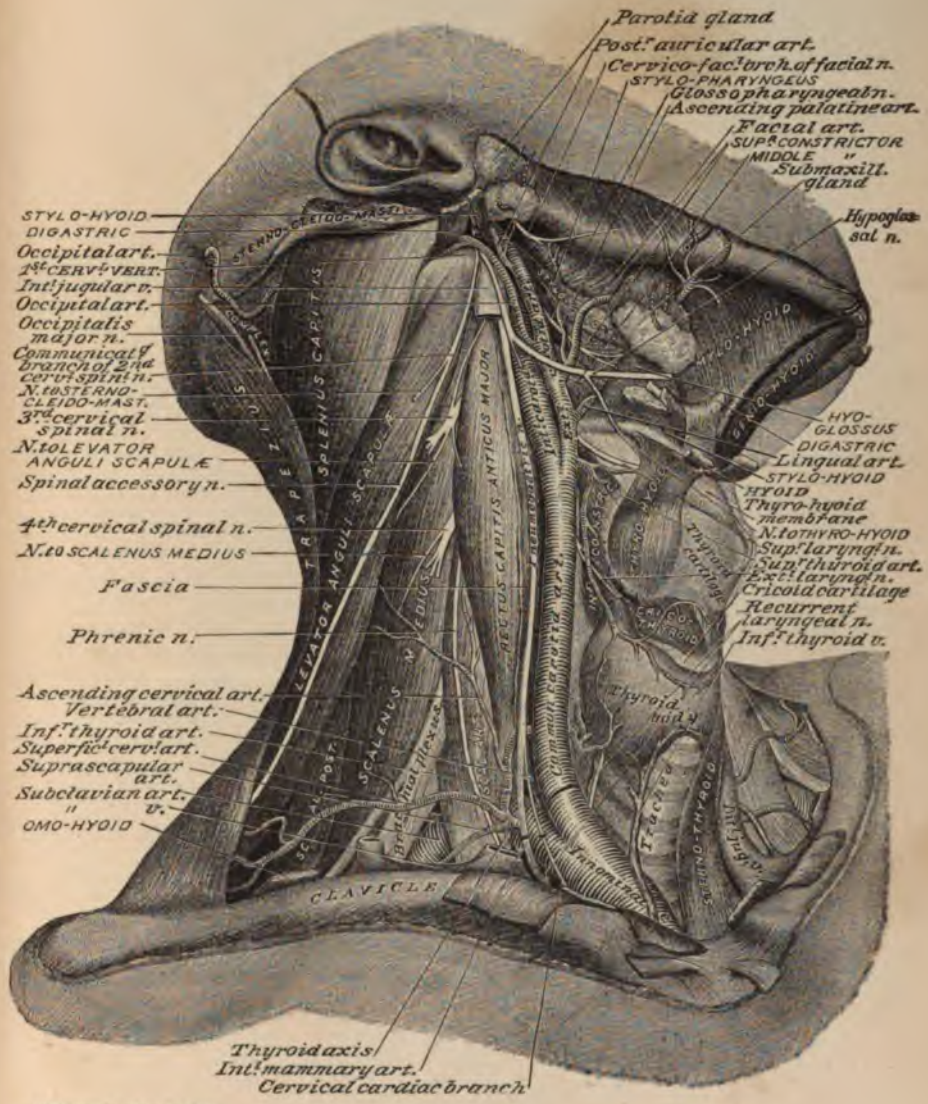


M'Cohn, ad naturam del.

Ext.l jugular v.
Cervico-facial branch of facial n.
STYLO-GLOSSUS
Occipital art.
Int.l cutaneous) branch of 3rd cerv.l spinal n.
Occipitalis major n.
Hypoglossal n.
Int.l carotid art.
N. to STERNO-CLEIDO-MASTOID
3rd cerv. spinal n.
Spinal accessory n.
N. to LEVATOR ANG. SCAPULÆ
Communicans noni n.
4th cervical spinal n.
N. to SCALENUS MEDIUS
Phrenic n.
Ascending cervical art.
Brachial plexus
Superficial cervic.l art.
Post.l scapular art.
Subclavian art.
Suprascapul.r art.
Subclavian v.
Facial art.
Lingual art.
Thyro-hy. memb.r n.
Sup.r laryng.l n.
Int.l laryng.l art.
Ext.l " "
Descend. noni n.
Sup.r thyroid art.
N. to OMO-HYOID
N. to STERNO-HYOID
N. to STERNO-THY.
Trach.l fascia
CLAVICLE
M Cohn. ad naturam del.



M. Cohn, ad naturam del.



M. Cohn ad naturam del.

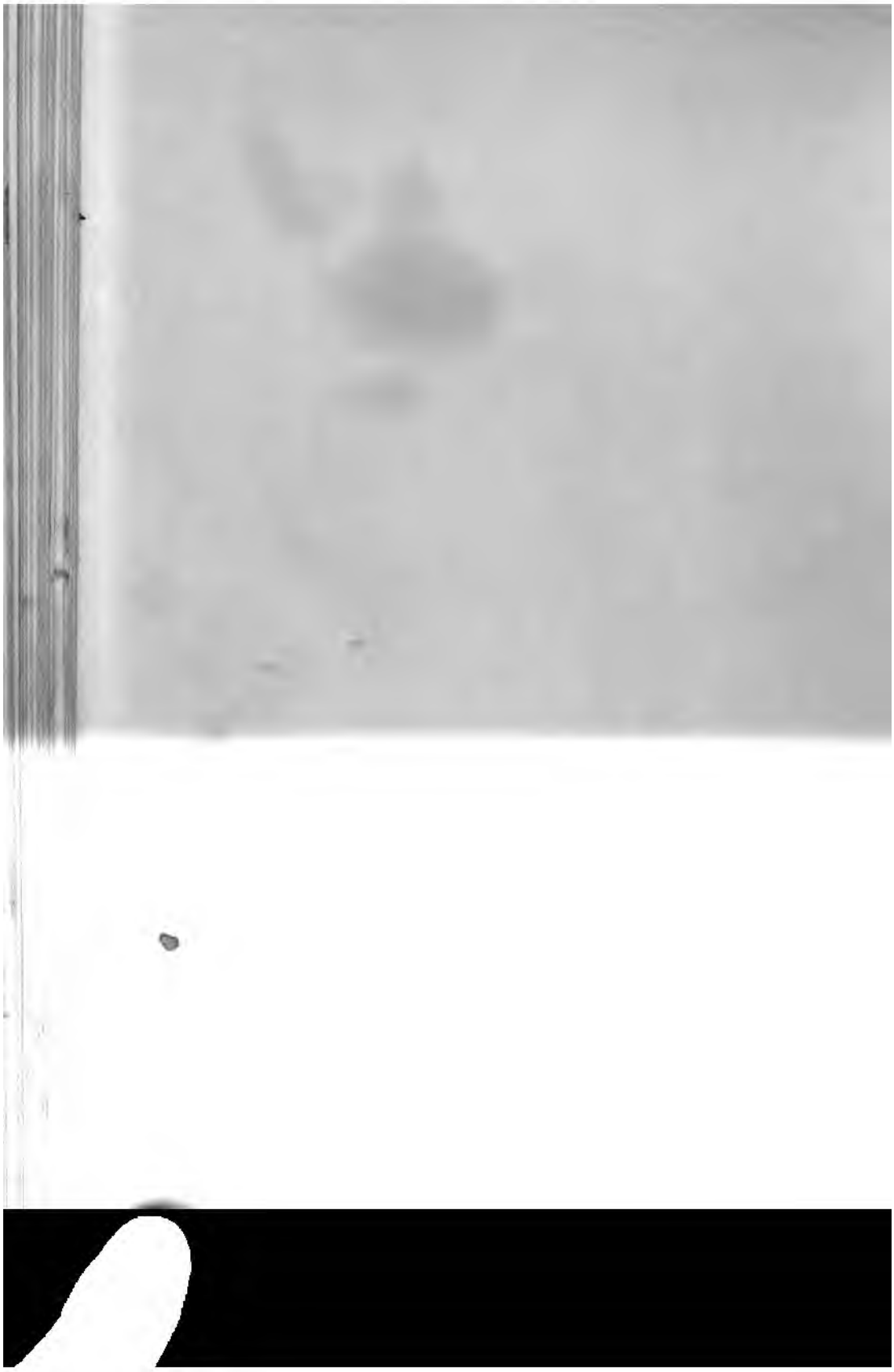
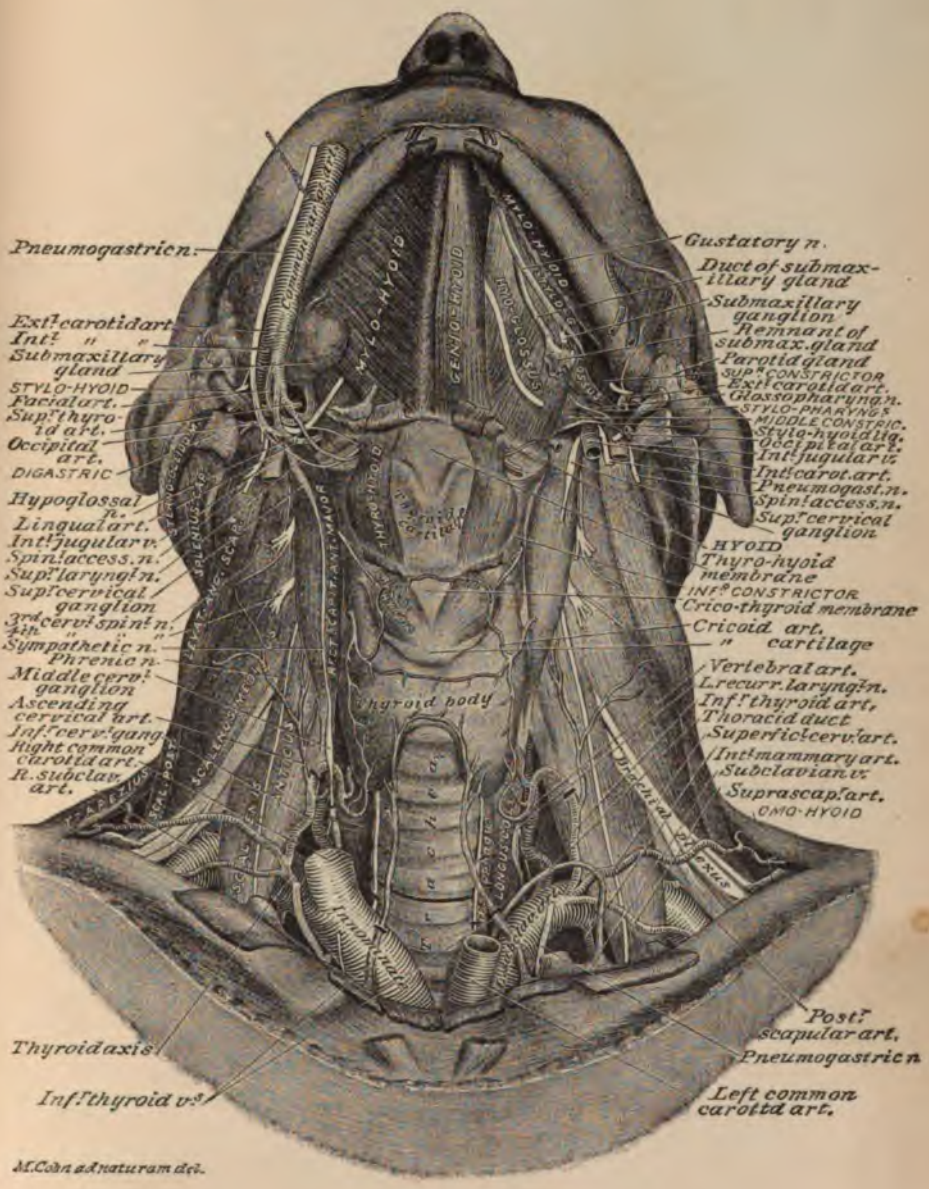
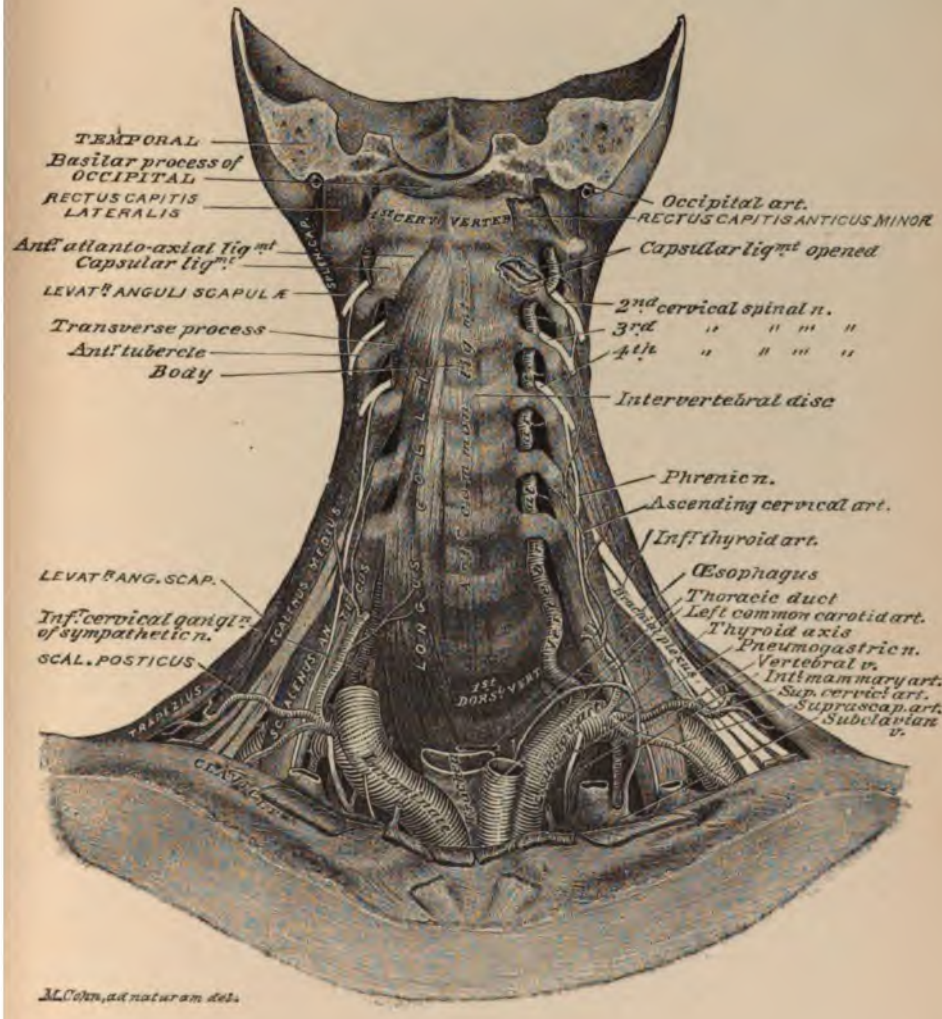


PLATE 197


Pneumogastric n.
Ext.l carotid art.
Int.l " "
Submaxillary gland
STYLO-HYOID
Facial art.
Sup.r thyroid art.
Occipital art.
DIGASTRIC
Hypoglossal n.
Lingual art.
Int.l jugular v.
Spin.l access. n.
Sup.r laryng.l n.
Sup.r cervical ganglion
3rd cerv.l spin.l n.
4th " " "
Sympathetic n.
Phrenic n.
Middle cerv.l ganglion
Ascending cervical art.
Inf.r cerv.l gang.
Right common carotid art.
R. subclav. art.
Thyroid axis
Inf.r thyroid v.s
Gustatory n.
Duct of submaxillary gland
Submaxillary ganglion
Remnant of submax. gland
Parotid gland
Sup.r CONSTRICTOR
Ext.l carotid art.
Glossopharyng.l n.
STYLO-PHARYNG.S
MIDDLE CONSTRIC.
Stylo-hyoid lig.
Occipital art.
Int.l jugular v.
Int.l carot. art.
Pneumogast. n.
Spin.l access. n.
Sup.r cervical ganglion
HYOID
Thyro-hyoid membrane
INF.r CONSTRICTOR
Crico-thyroid membrane
Cricoid art.
" cartilage
Vertebral art.
L. recurr. laryng.l n.
Inf.r thyroid art.
Thoracic duct
Superfic.l cerv.l art.
Int.l mammary art.
Subclavian v.
Suprascap.l art.
OMO-HYOID
Post.r scapular art.
Pneumogastric n.
Left common carotid art.
MYLO-HYOID
GENIO-HYOID
HYO-GLOSSUS
THYRO-HYOID
Thyroid body
Trachea
Innominate
M. Cohn ad naturam del.


TEMPORAL
Basilar process of OCCIPITAL
RECTUS CAPITIS LATERALIS
Ant.r atlanto-axial lig.mt
Capsular lig.mt
LEVAT.R ANGULI SCAPULÆ
Transverse process
Ant.r tubercle
Body
Occipital art.
RECTUS CAPITIS ANTICUS MINOR
Capsular lig.mt opened
2nd cervical spinal n.
3rd " " " "
4th " " " "
Intervertebral disc
Phrenic n.
Ascending cervical art.
Inf.r thyroid art.
Œsophagus
Thoracic duct
Left common carotid art.
Thyroid axis
Pneumogastric n.
Vertebral v.
Int.l mammary art.
Sup. cervical art.
Suprascap. art.
Subclavian v.
LEVAT.R ANG. SCAP.
Inf.r cervical ganglion of sympathetic n.
SCAL. POSTICUS
TRAPEZIUS
M.Cohn, ad naturam del.

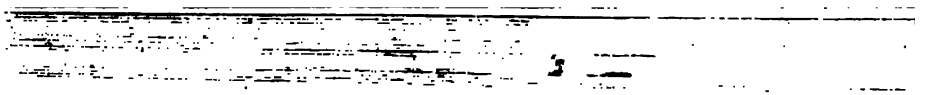
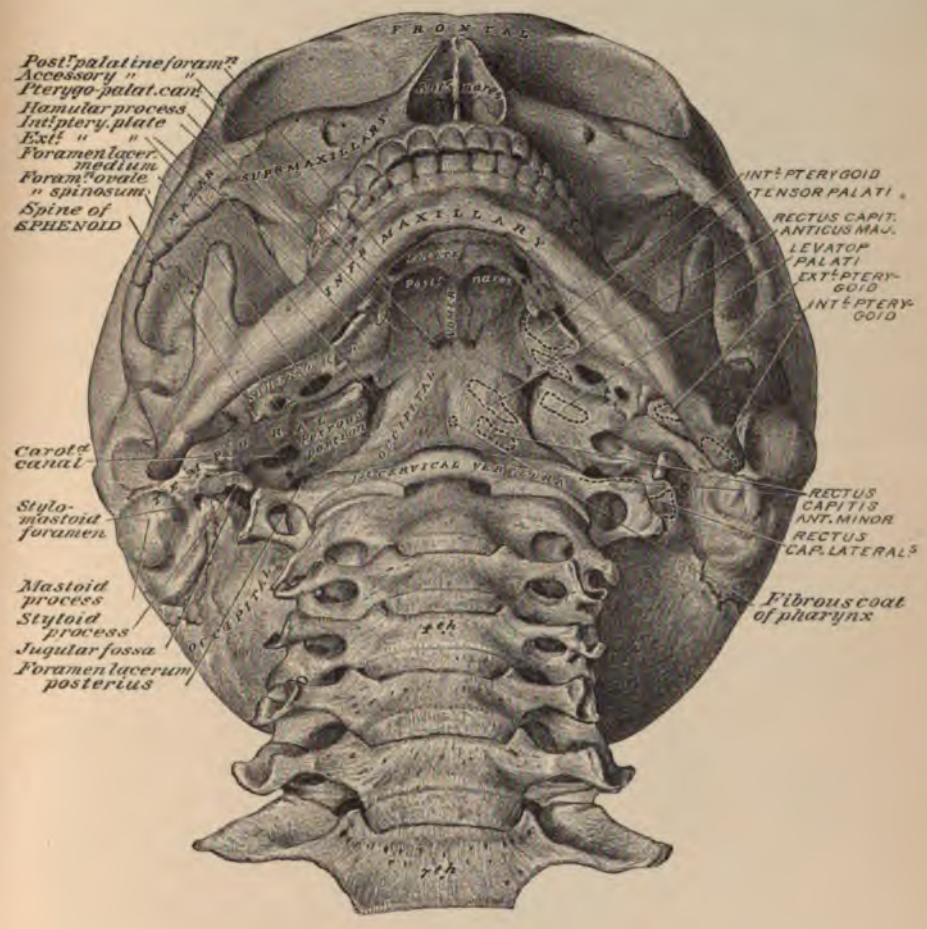
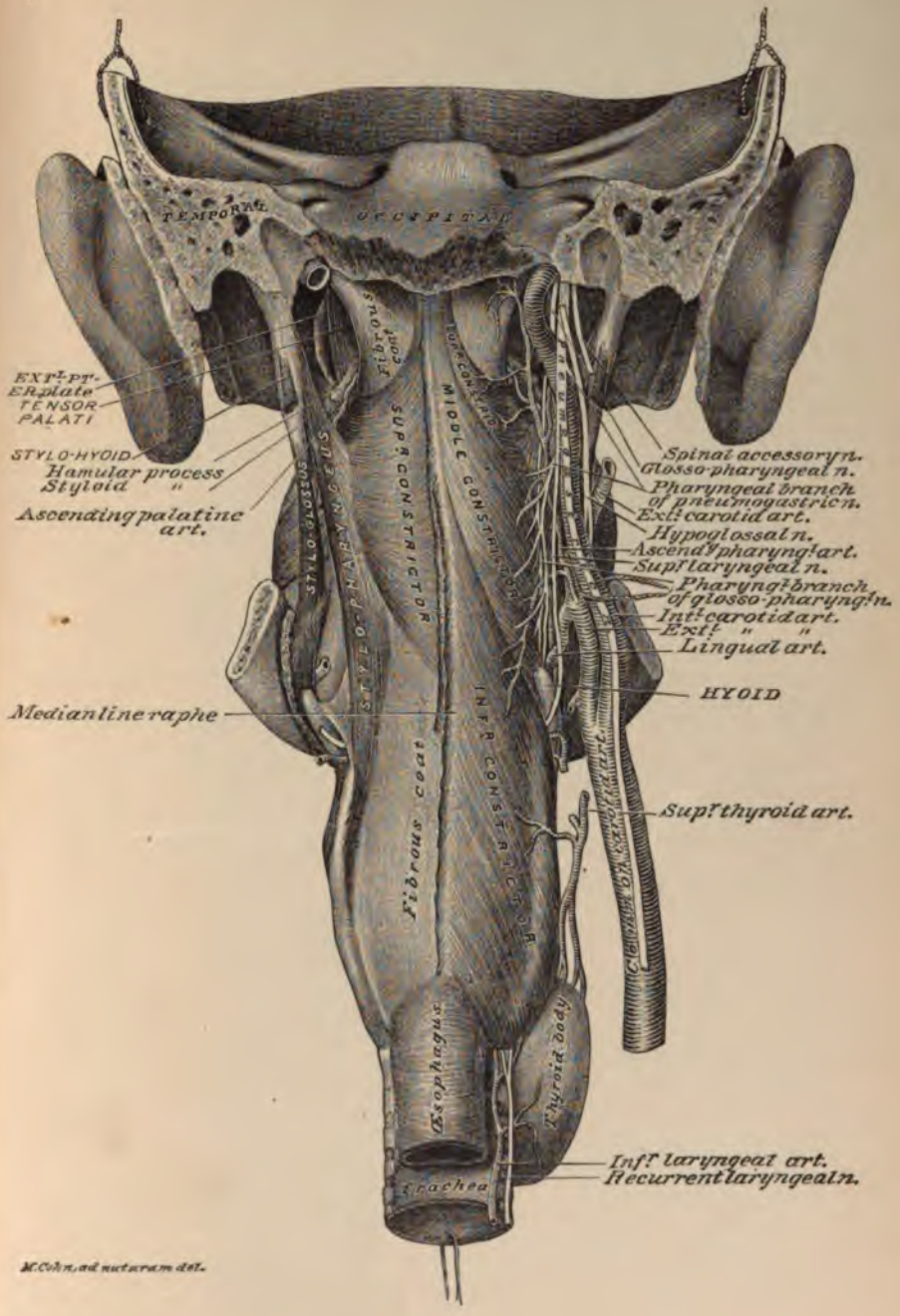


PLATE 199

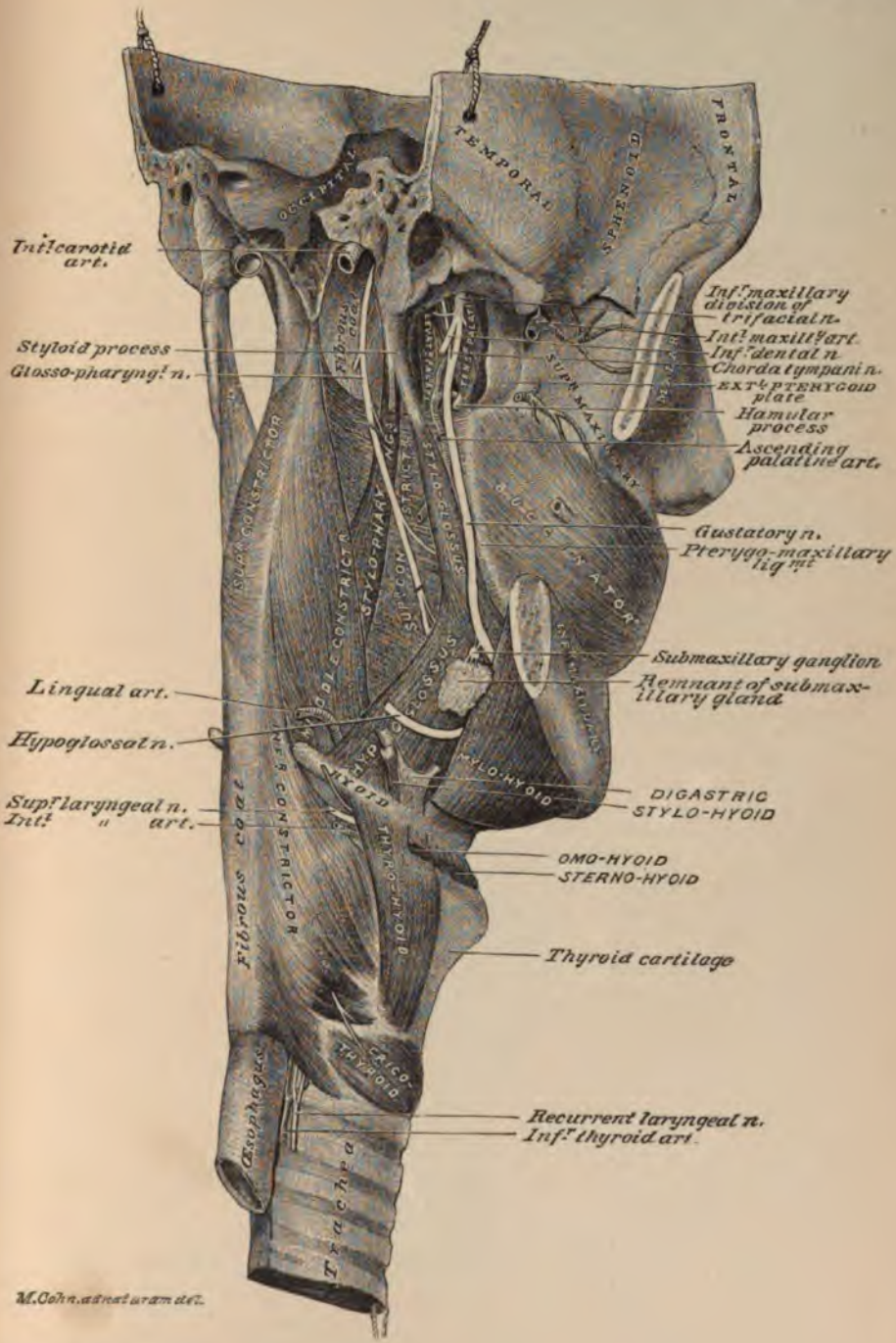


M. Cohn, ad naturam del.



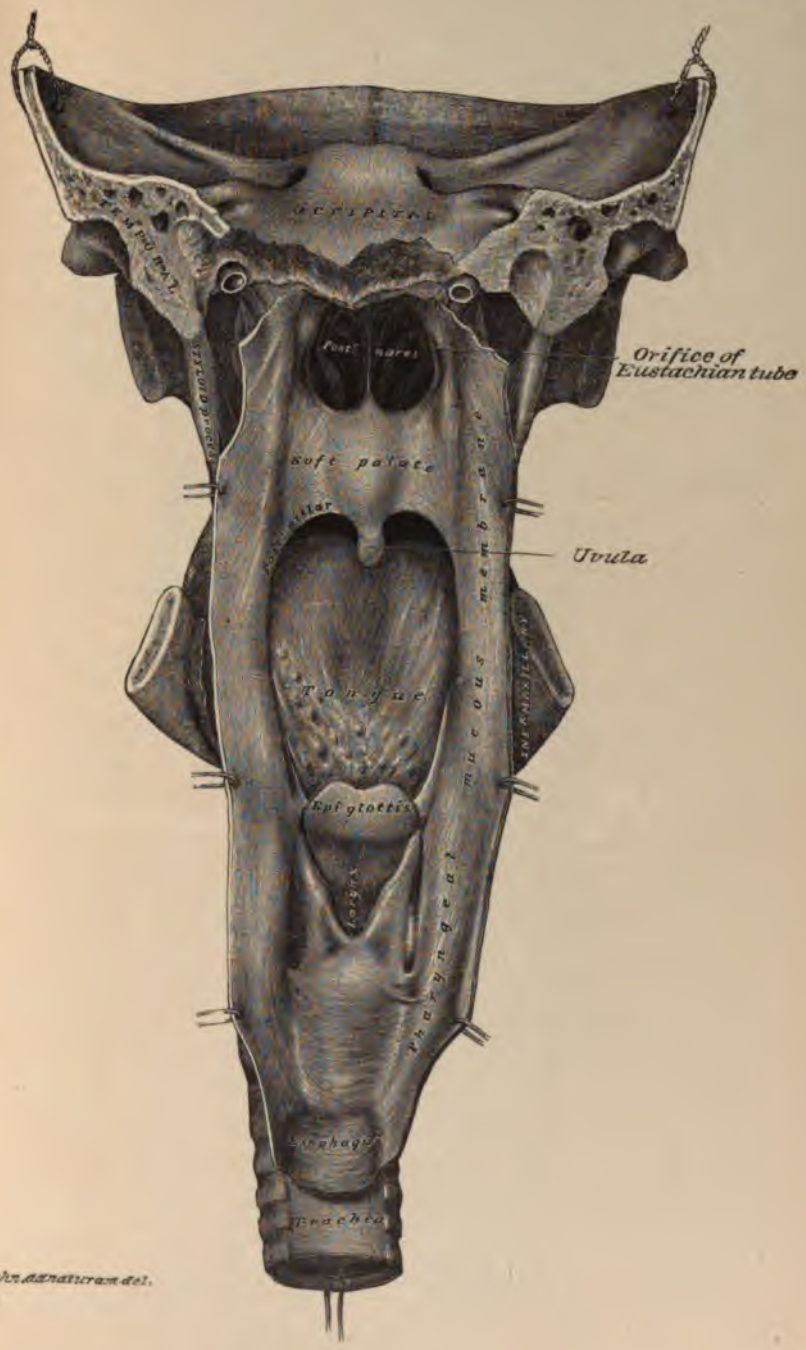
M. Cohn, ad naturam del.

PLATE 201

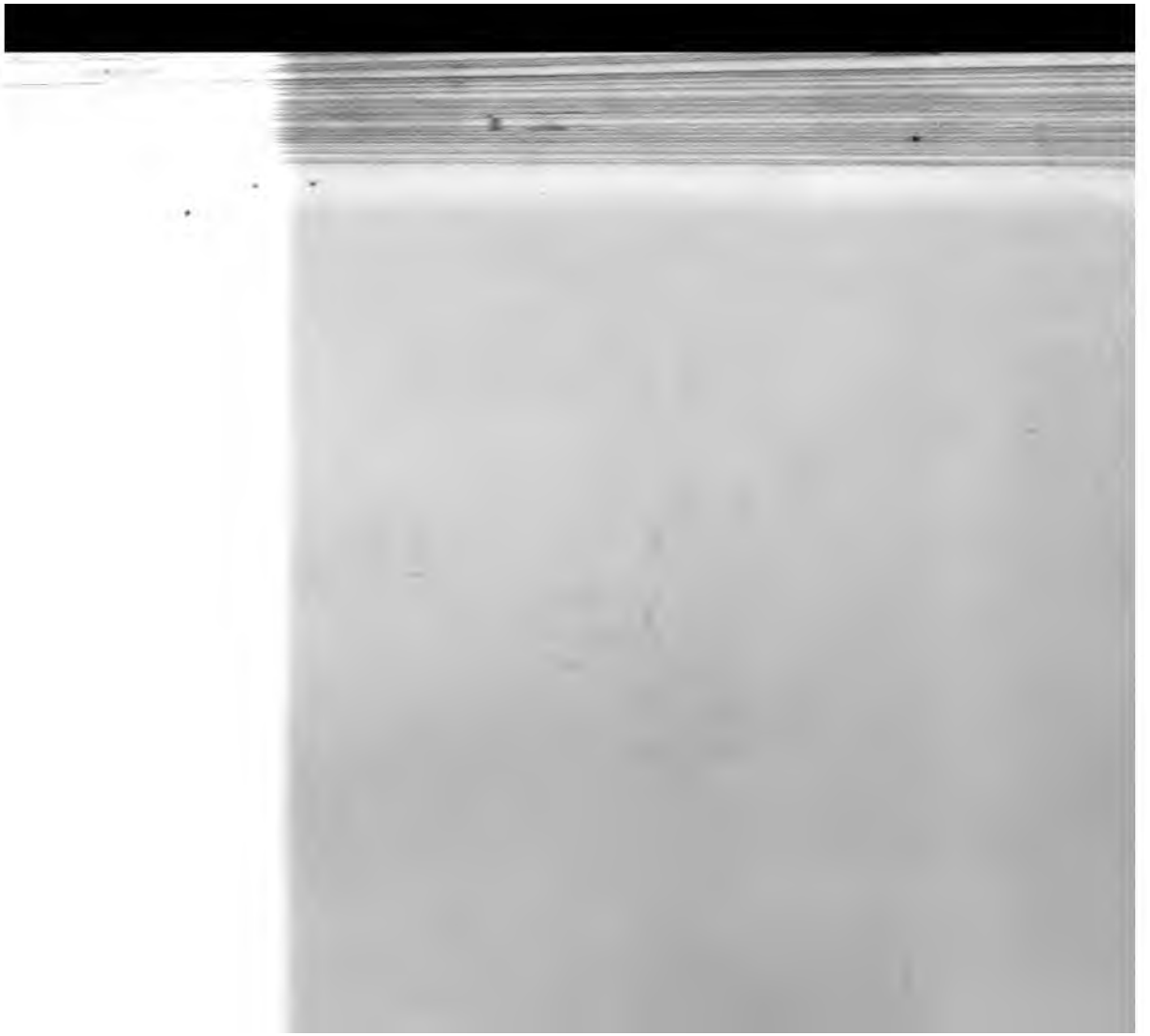


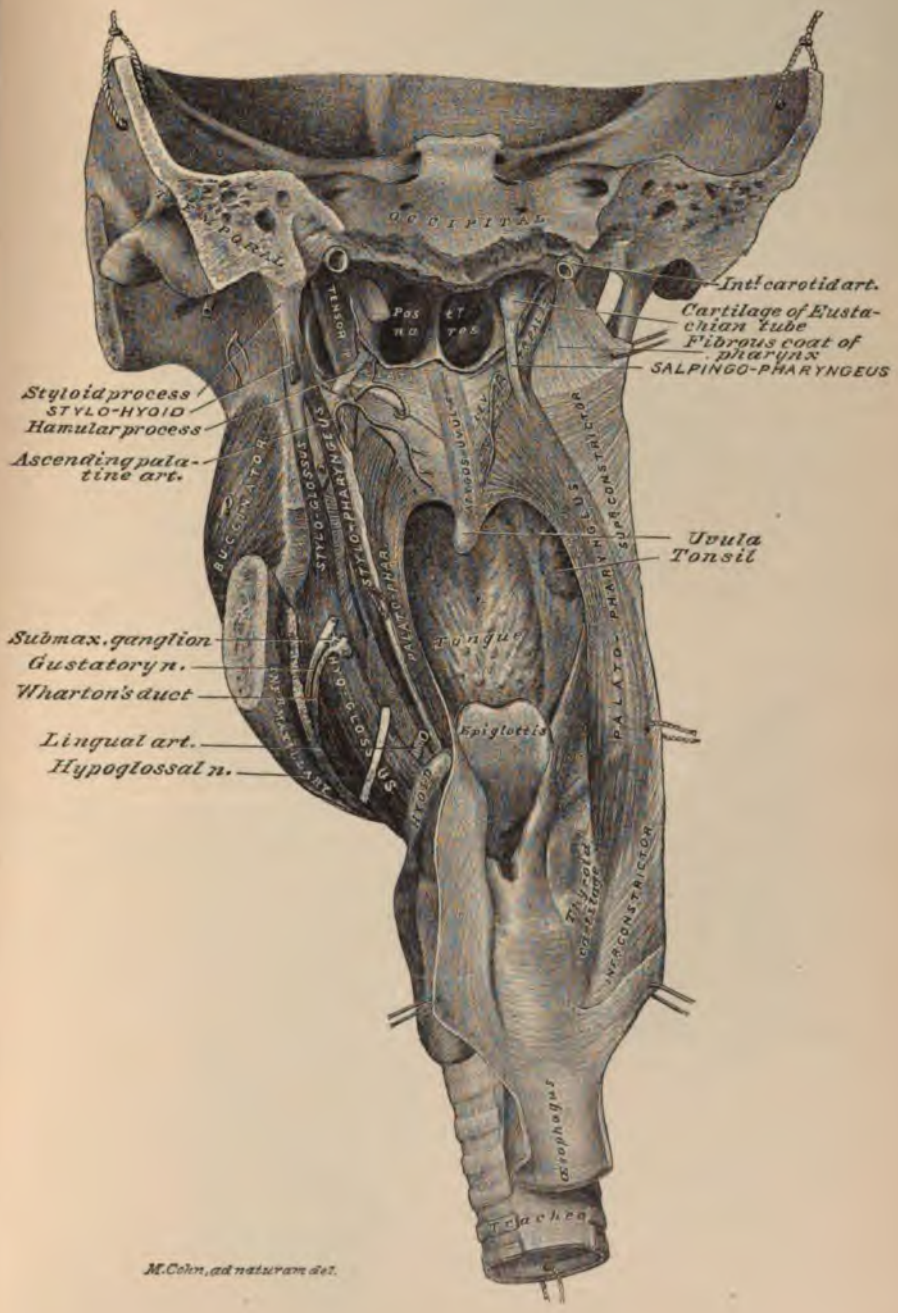
M.Cohn. ad nat. uram del.

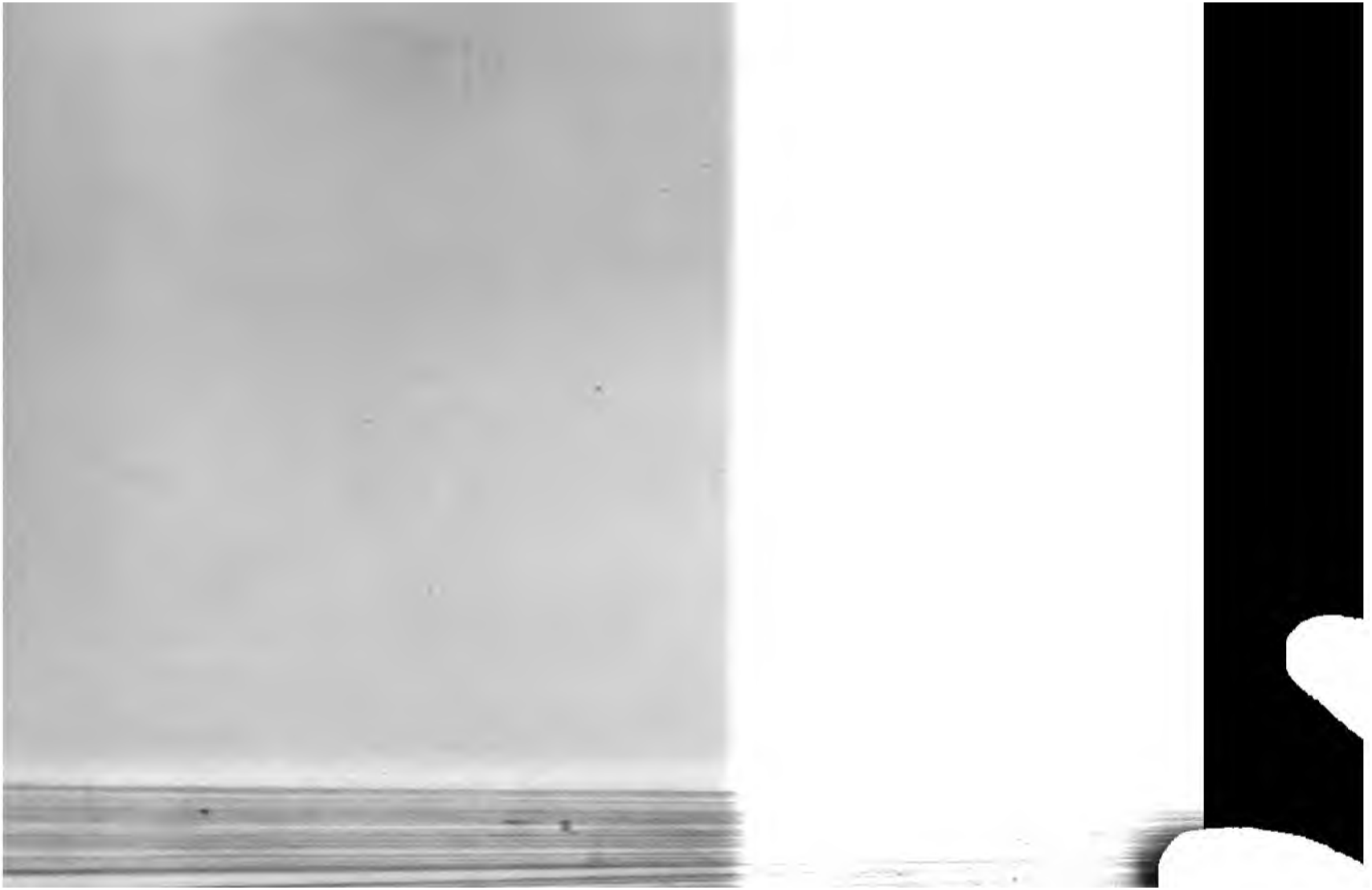
PLATE 202



M. Cohn, del.




OCCIPITAL
Int! carotid art.
Cartilage of Eustachian tube
Fibrous coat of pharynx
SALPINGO-PHARYNGEUS
Styloid process
STYLO-HYOID
Hamular process
Ascending palatine art.
BUCCINATOR
STYLO-PHARYNGEUS
Uvula
Tonsil
Submax. ganglion
Gustatory n.
Wharton's duct
Lingual art.
Hypoglossal n.
Tongue
Epiglottis
HYO-GLOSSUS
PALATO-PHARYNGEUS
SUPERIOR CONSTRICTOR
INFERIOR CONSTRICTOR
Thyroid cartilage
Oesophagus
Trachea
M. Colin, ad naturam del.



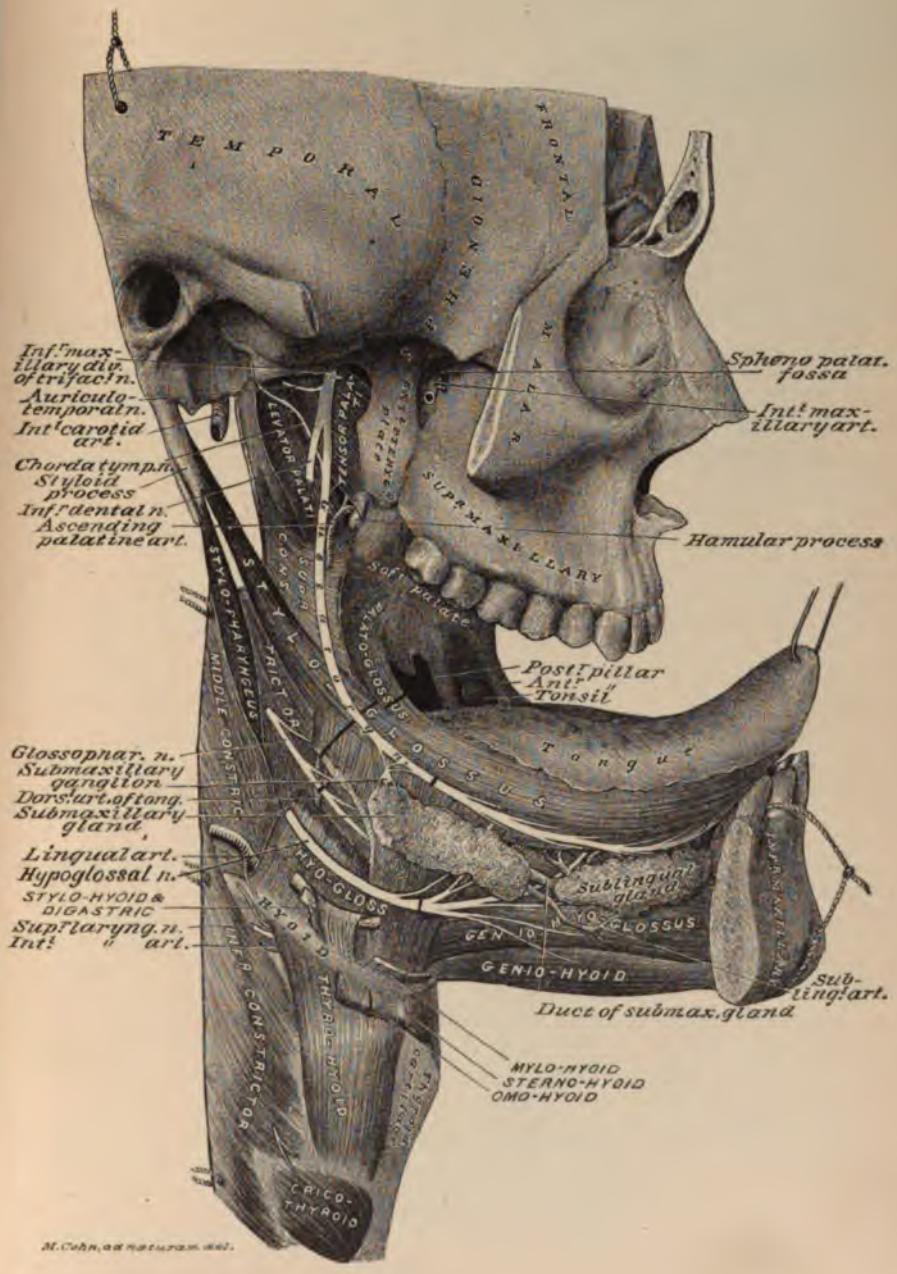

TEMPORAL
SPHENOID
FRONTAL
MAXILLARY
SUPRAMAXILLARY
Inf.r max-illary div. of trifac.n.
Auriculo-temporal n.
Int.l carotid art.
Chorda tymp.i
Styloid process
Inf.r dental n.
Ascending palatine art.
Sphено palat. fossa
Int.l max-illary art.
Hamular process
Post.r pillar
Ant.r "
Tonsil
soft palate
Glossophar. n.
Submaxillary ganglion
Dors.l art. of tong.
Submaxillary gland
Lingual art.
Hypoglossal n.
STYLO-HYOID & DIGASTRIC
Suprlaryng. n.
Int.l " art.
Tongue
Sublingual gland
GENIO-GLOSSUS
GENIO-HYOID
Sub-ling.l art.
Duct of submax. gland
MYLO-HYOID
STERNO-HYOID
OMO-HYOID
STYLO-GLOSSUS
STYLO-PHARYNGEUS
MIDDLE CONSTRICTOR
HYO-GLOSS
HYOID
THYRIO-HYOID
INFR CONSTRICTOR
CRICO-THYROID
M. Cohn, ad naturam del.

FIG. 1

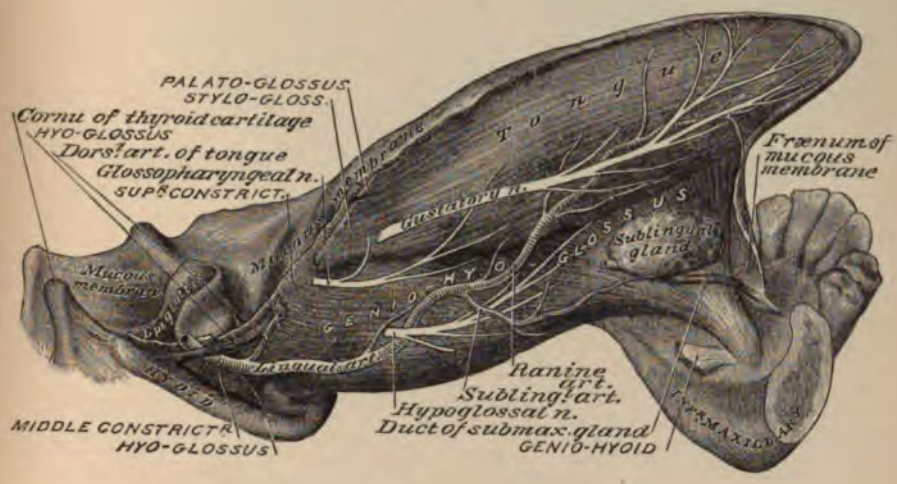

PALATO-GLOSSUS
STYLO-GLOSS.
Cornu of thyroid cartilage
HYO-GLOSSUS
Dors.l art. of tongue
Glossopharyngeal n.
SUP.R CONSTRICT.
Mucous membrane
Gustatory n.
Frænum of mucous membrane
Sublingual gland
Mucous membrane
GENIO-HYO-GLOSSUS
Ranine art.
Sublingl art.
Hypoglossal n.
Duct of submax. gland
GENIO-HYOID
INF.R MAXILLARY
MIDDLE CONSTRICTR
HYO-GLOSSUS

FIG. 2

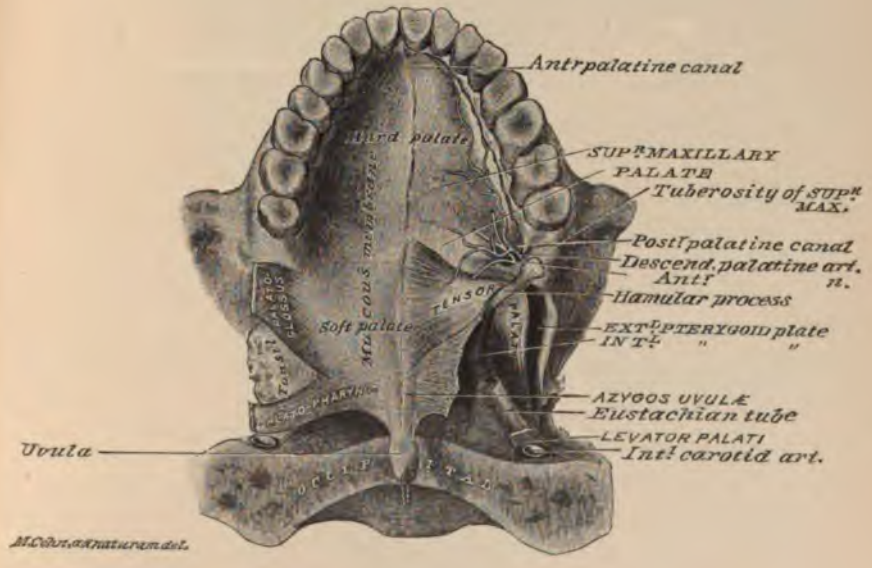

Antr palatine canal
Hard palate
SUP.R MAXILLARY
PALATE
Tuberosity of SUP.R MAX.
Post.l palatine canal
Descend. palatine art.
Ant.l n.
Hamular process
EXT.L PTERYGOID plate
INT.L " "
Soft palate
Mucous membrane
TENSOR
AZYGOS UVULÆ
Eustachian tube
LEVATOR PALATI
Int.l carotid art.
Uvula

FIG. 1

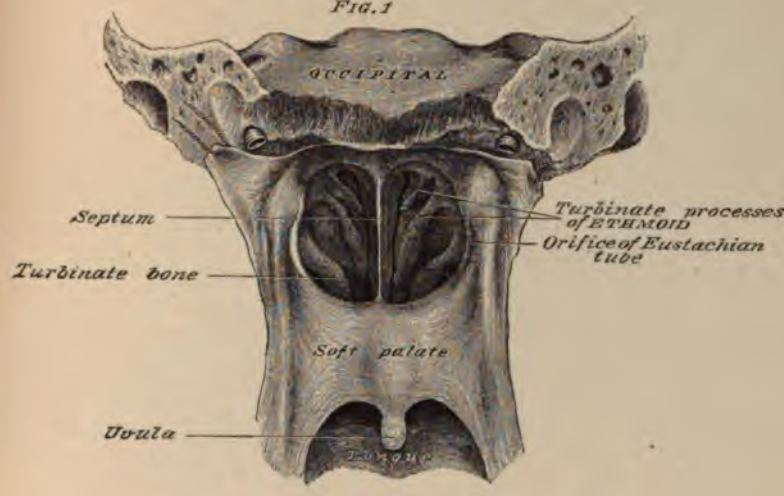
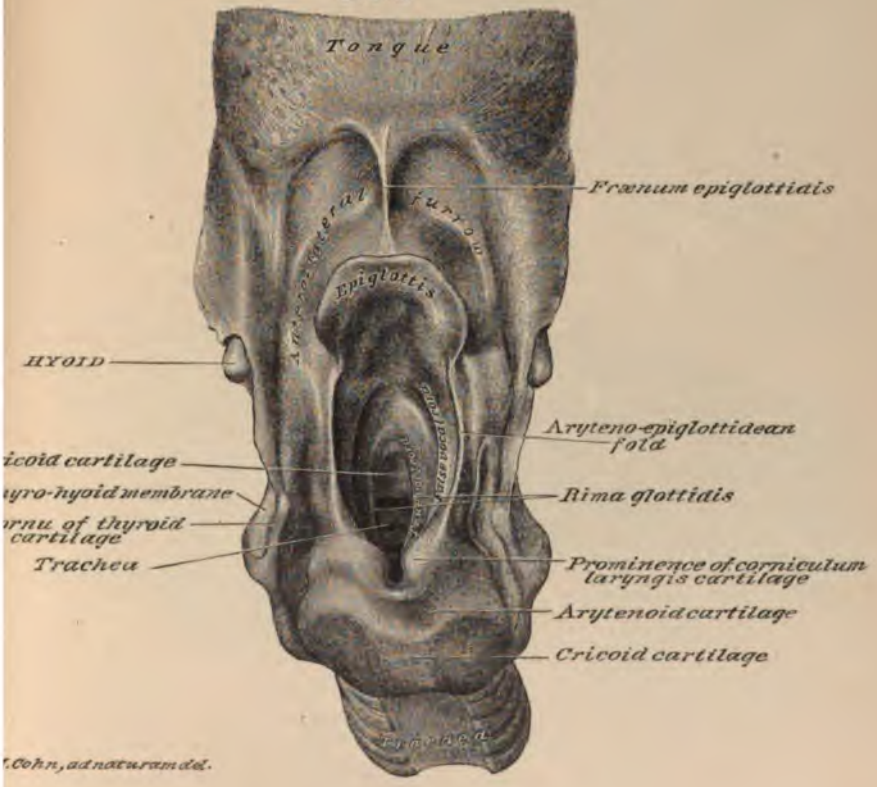


FIG. 2



T. Cohn, ad naturam del.

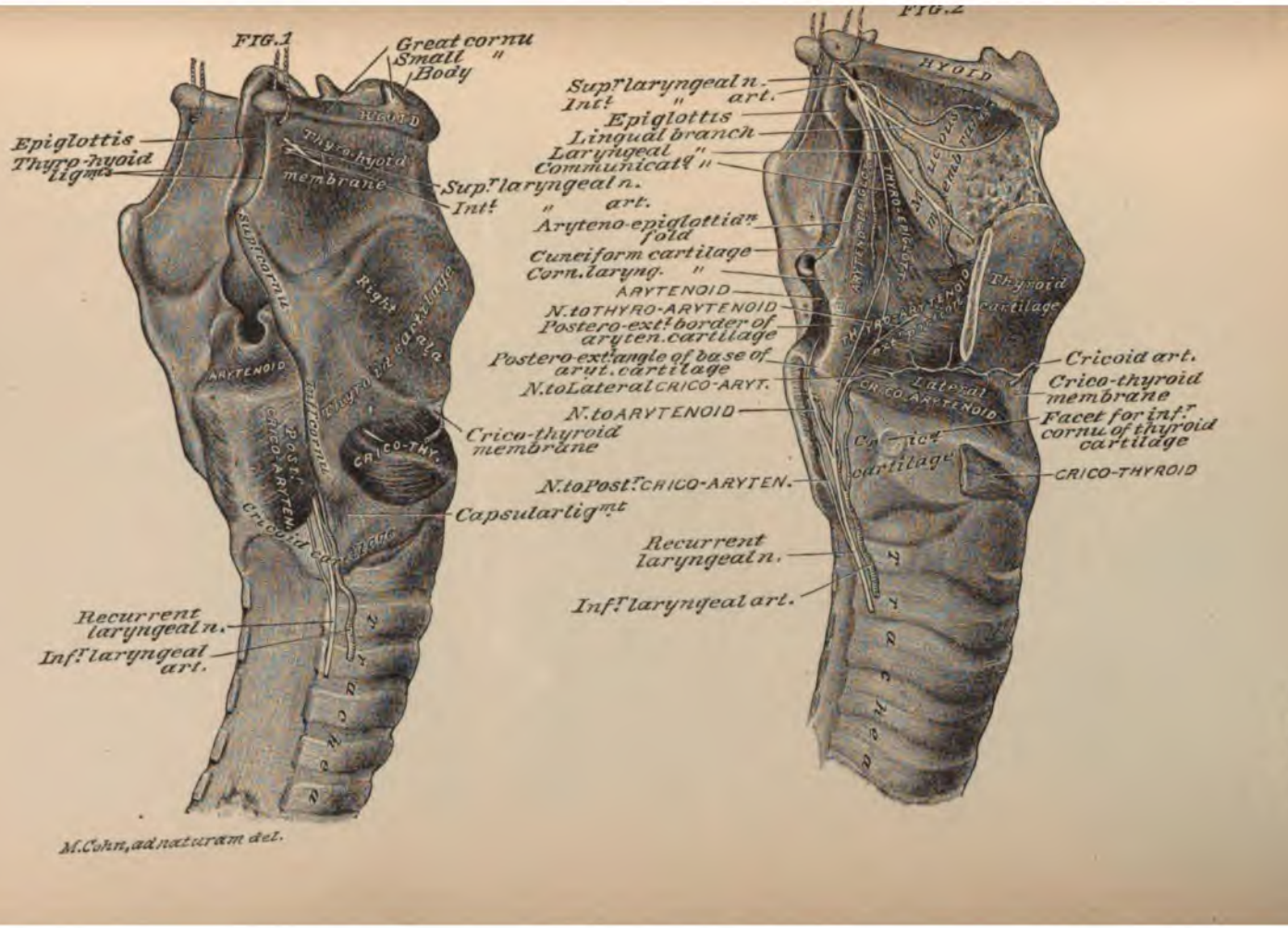
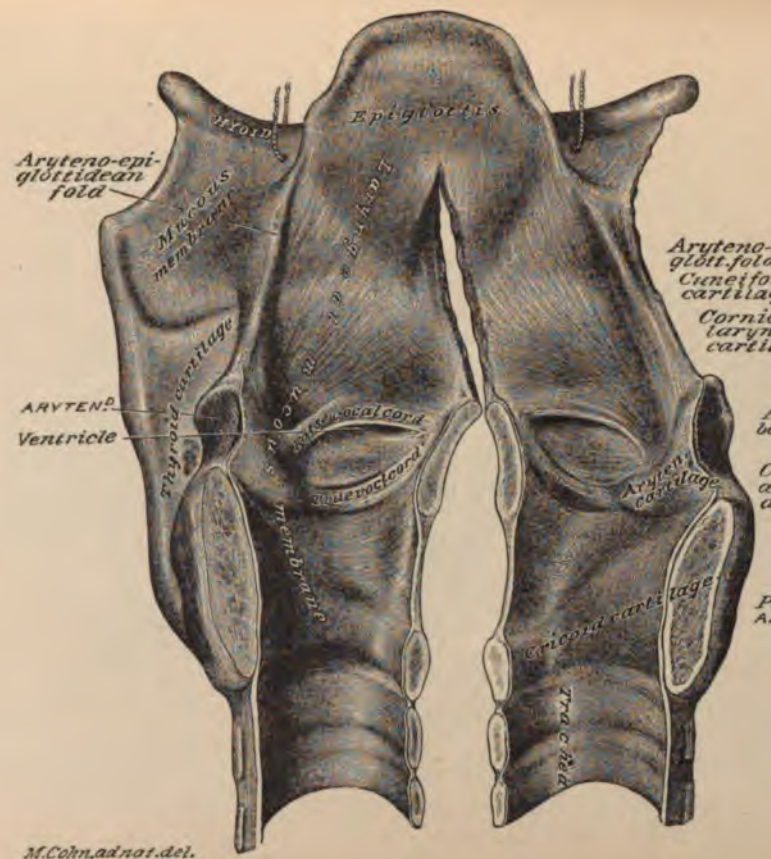


FIG.1
Great cornu
Small "
Body
HYOID
Epiglottis
Thyro-hyoid lig^mt
Thyro-hyoid membrane
Sup^r laryngeal n.
Int^l "
SUPRACORNU
Right
ARYTENOID
CRICO-THY.
Crico-thyroid membrane
Capsular lig^mt
Recurrent laryngeal n.
Inf^r laryngeal art.
M.Cohn, ad naturam del.
FIG.2
Sup^r laryngeal n.
Int^l " art.
Epiglottis
Lingual branch
Laryngeal "
Communicat^g "
Aryteno-epiglottic^a fold
Cuneiform cartilage
Corn. laryng. "
ARYTENOID
N. to THYRO-ARYTENOID
Postero-ext^l border of aryten. cartilage
Postero-ext^l angle of base of aryt. cartilage
N. to Lateral CRICO-ARYT.
N. to ARYTENOID
N. to Post^r CRICO-ARYTEN.
Recurrent laryngeal n.
Inf^r laryngeal art.
Thyroid cartilage
Cricoid art.
Crico-thyroid membrane
Facet for inf^r cornu of thyroid cartilage
CRICO-THYROID

PLATE 207

FIG. 1



M. Cohn, ad nat. del.

FIG. 2

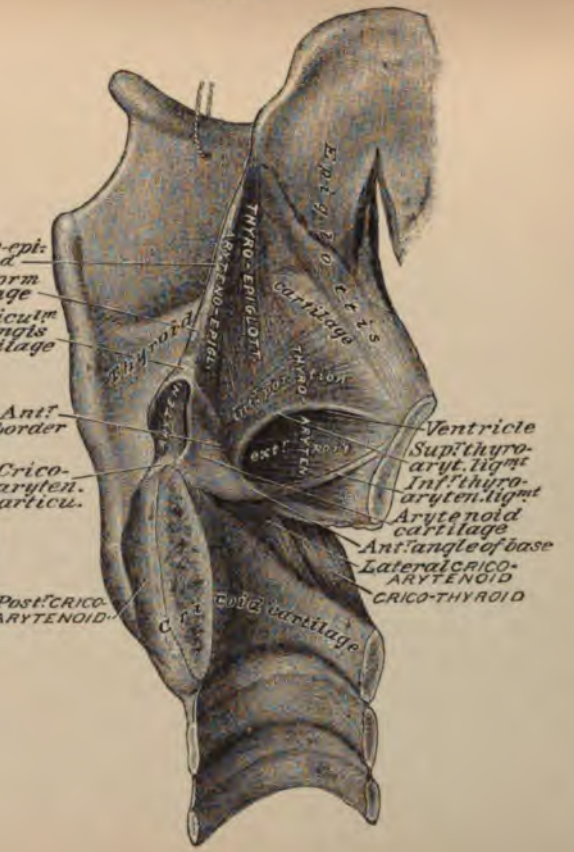
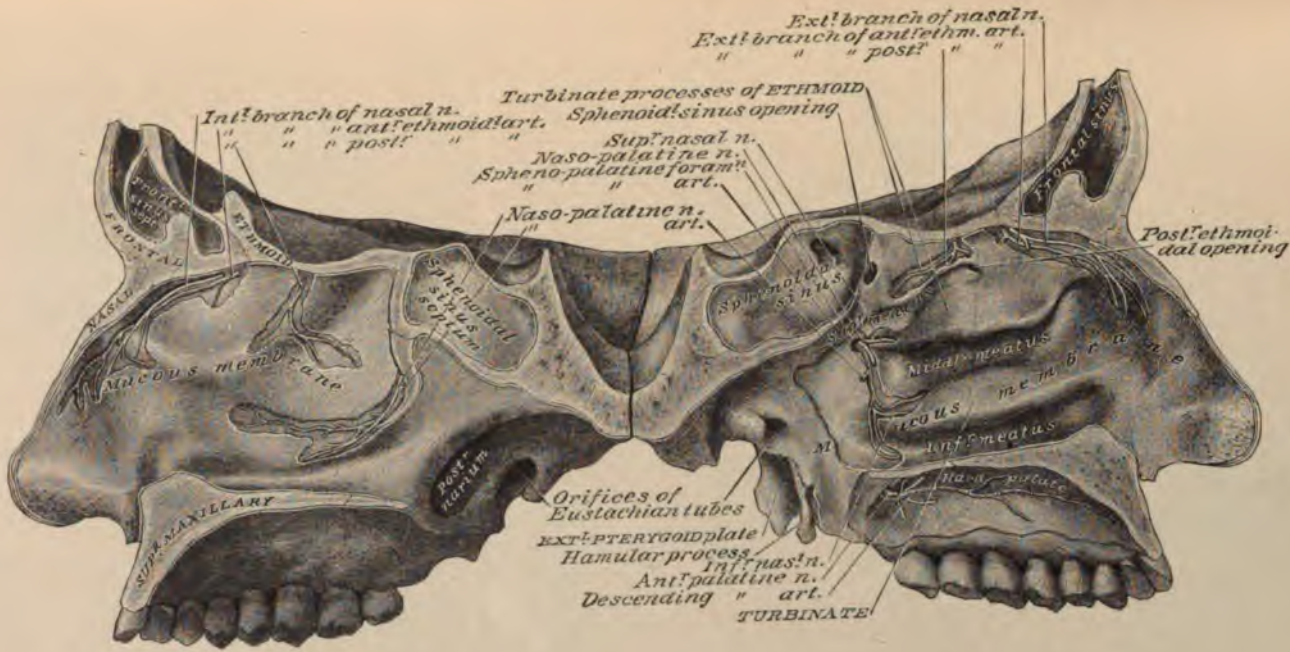


PLATE 208



M. Cohn. ad naturam del.

PLATE 209

FIG. 1

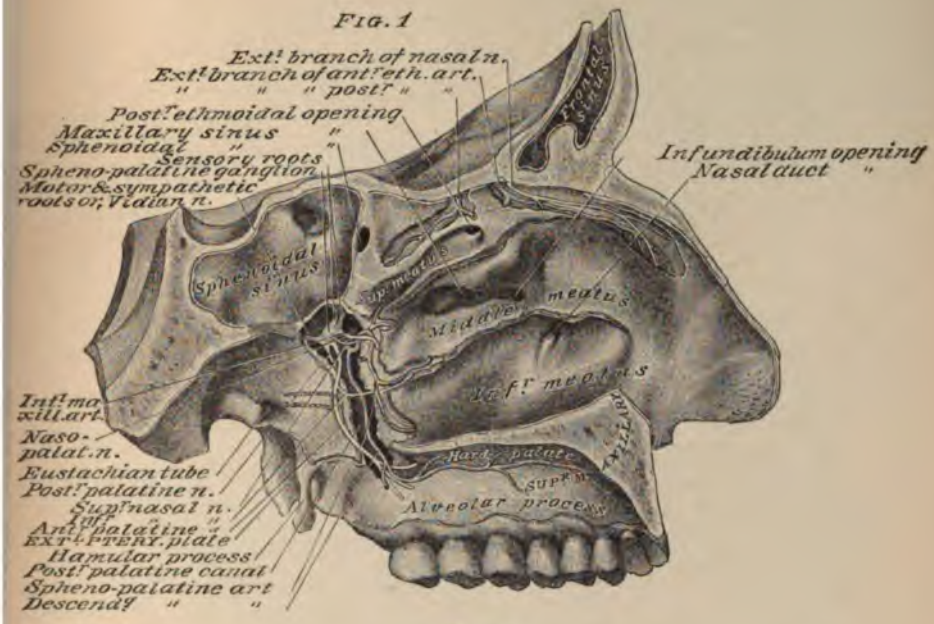
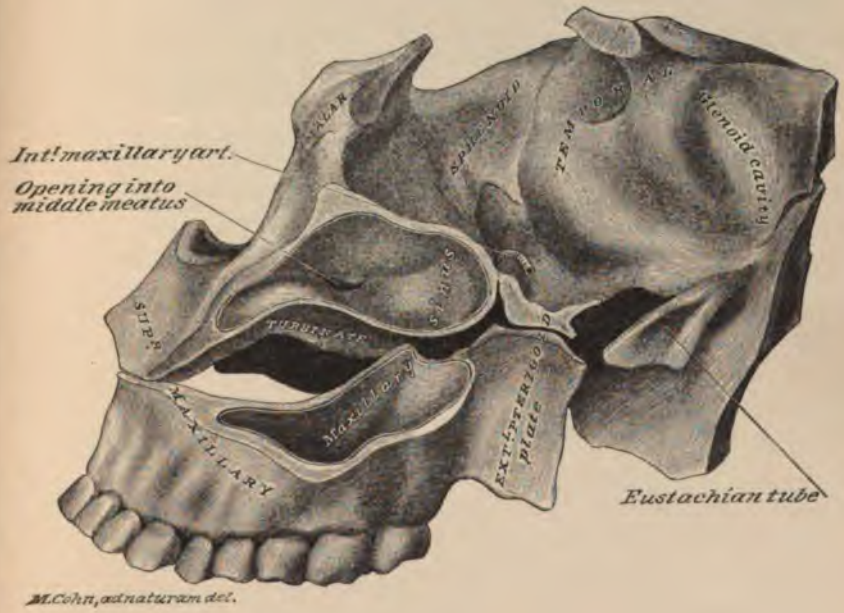


FIG. 2



M. Cohn, ad naturam del.

FIG. 1

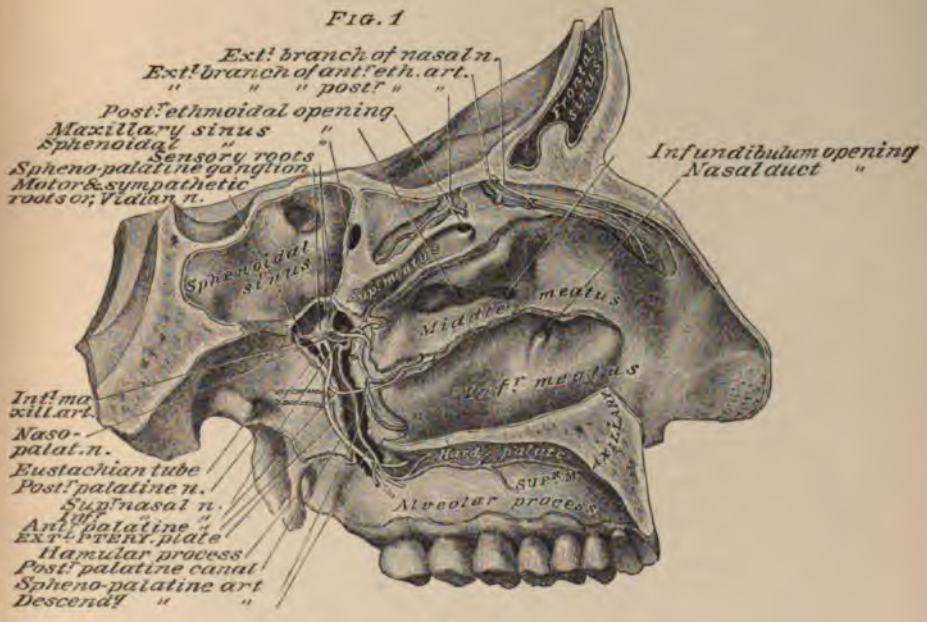
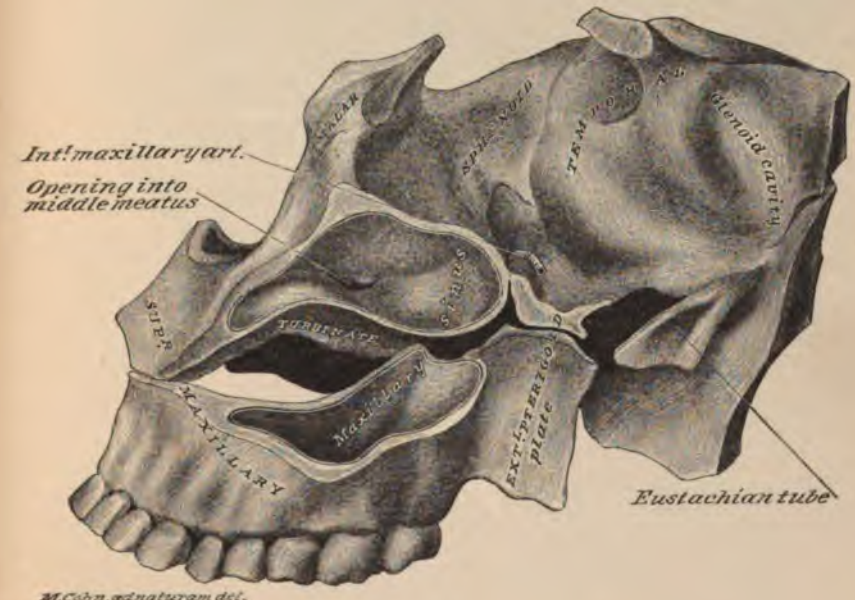
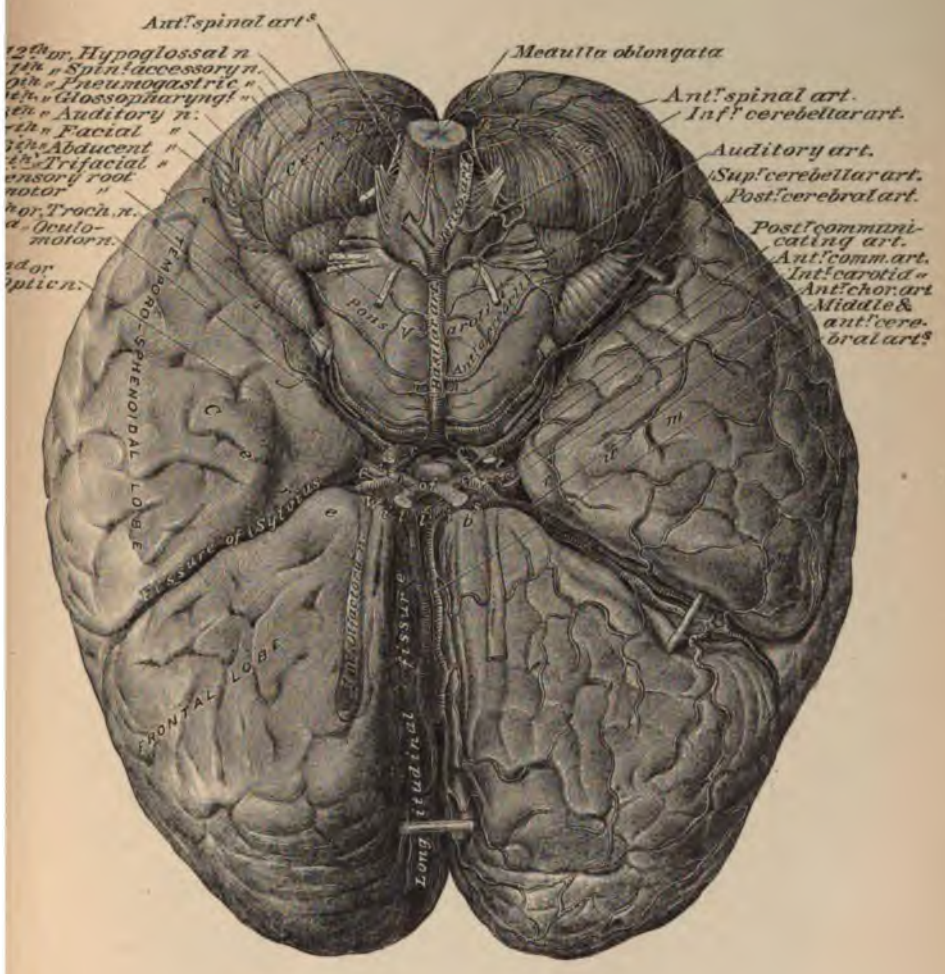


FIG. 2



M. Cohn, ad naturam del.



M.Cohn, ad naturam del.

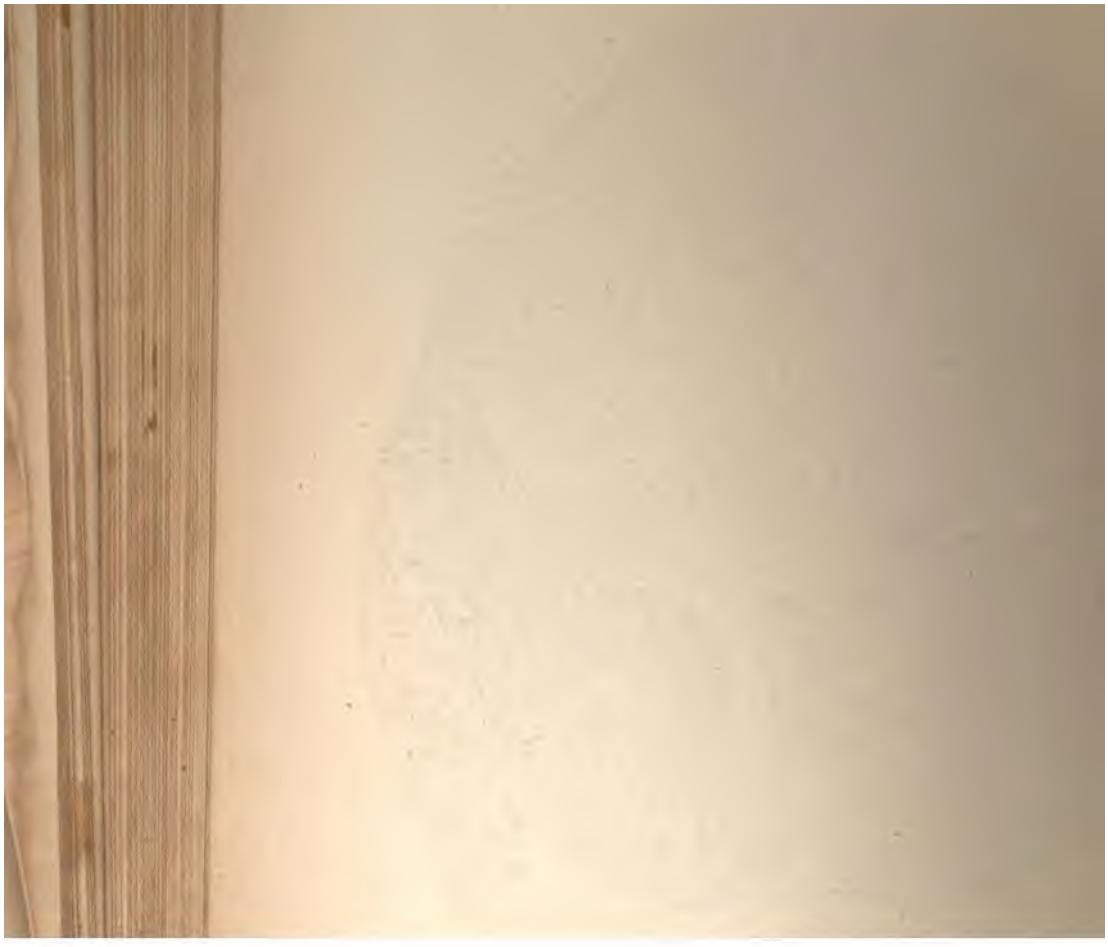
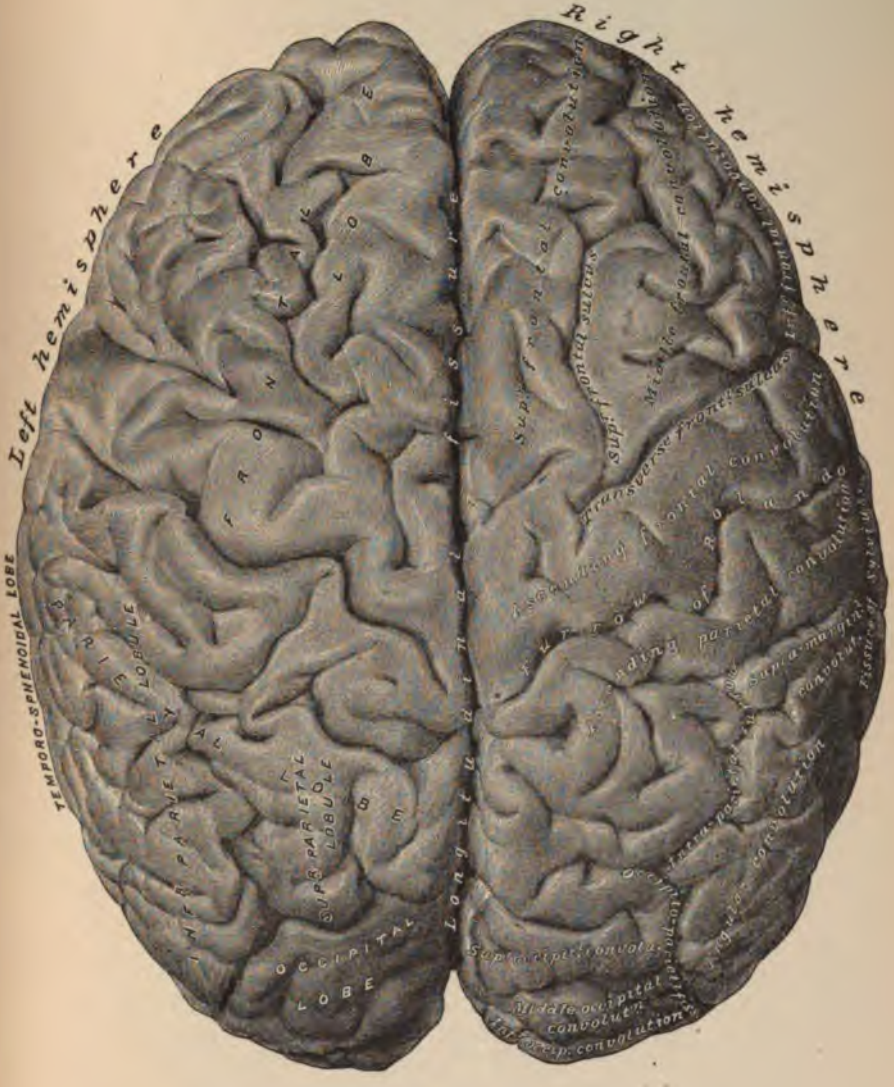
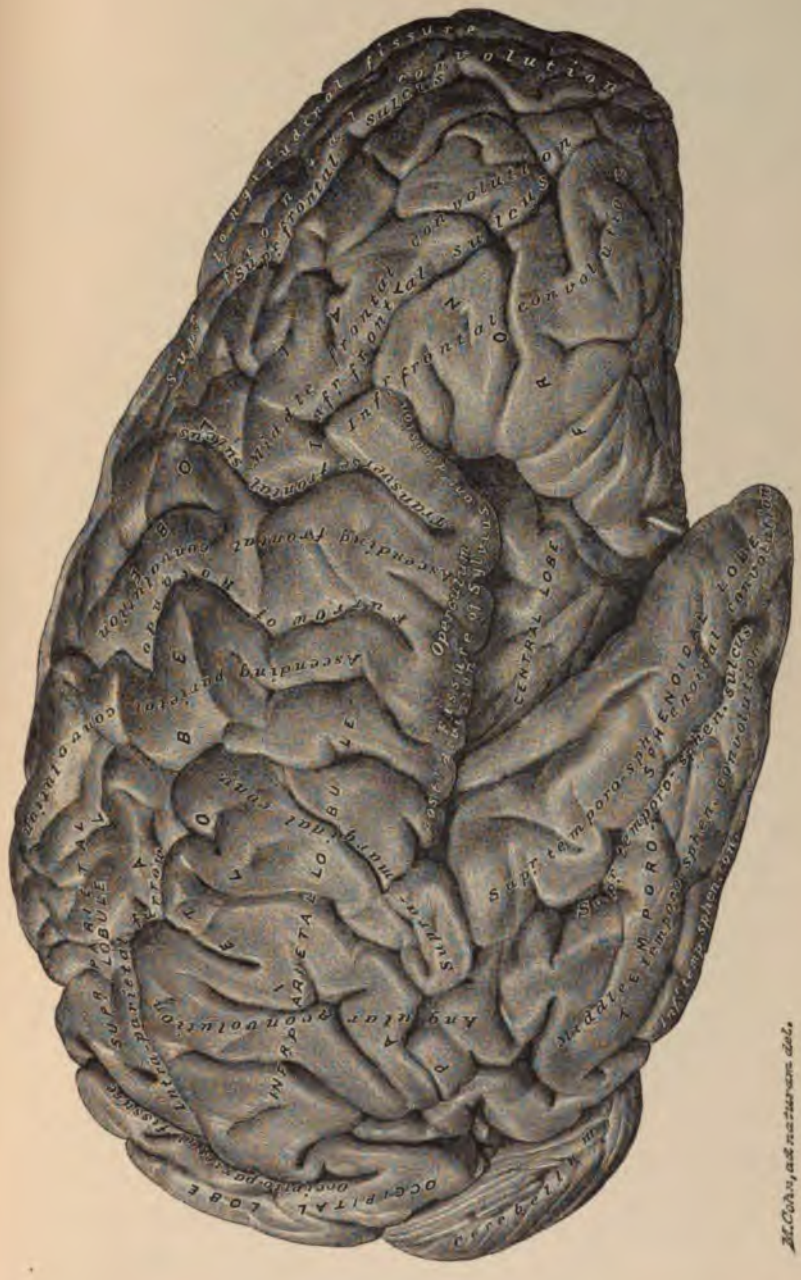


PLATE 212

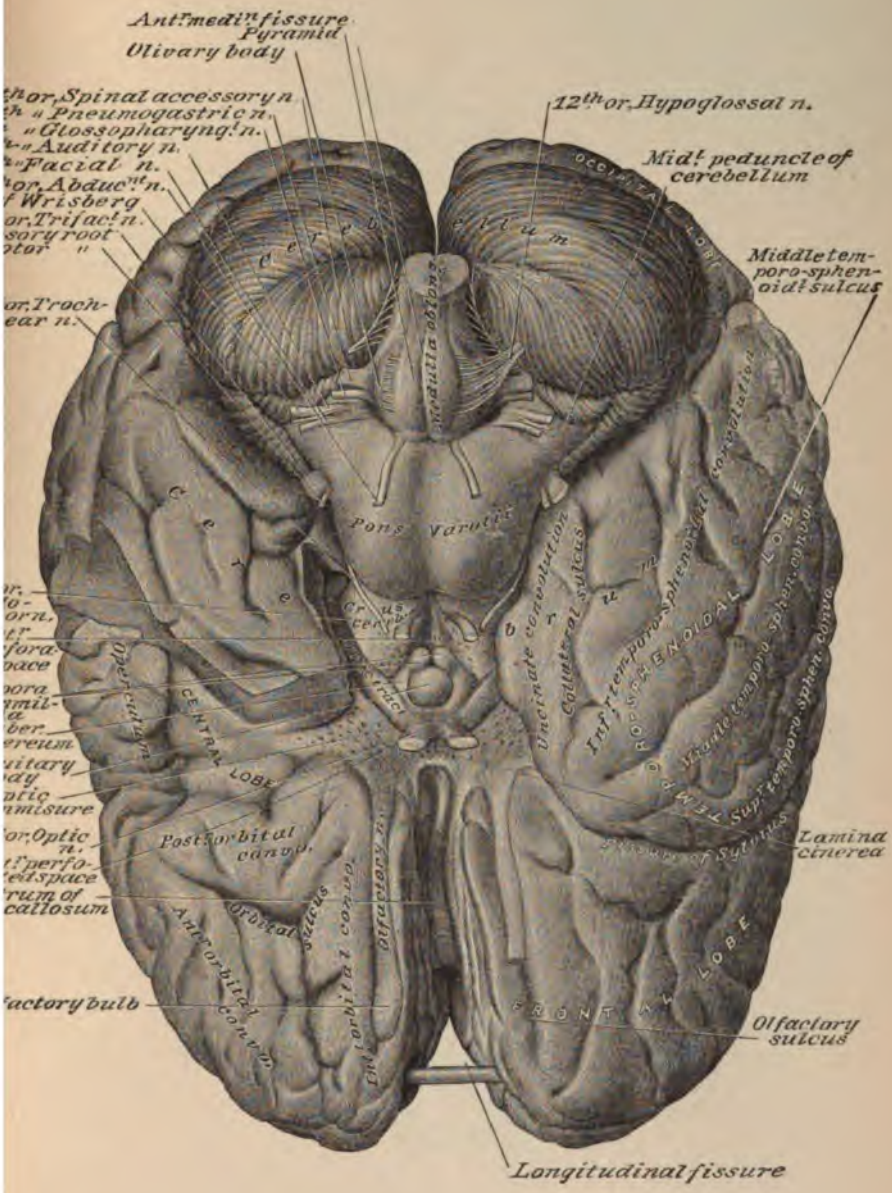


M. Cohn, ad naturam del.

PLATE 213



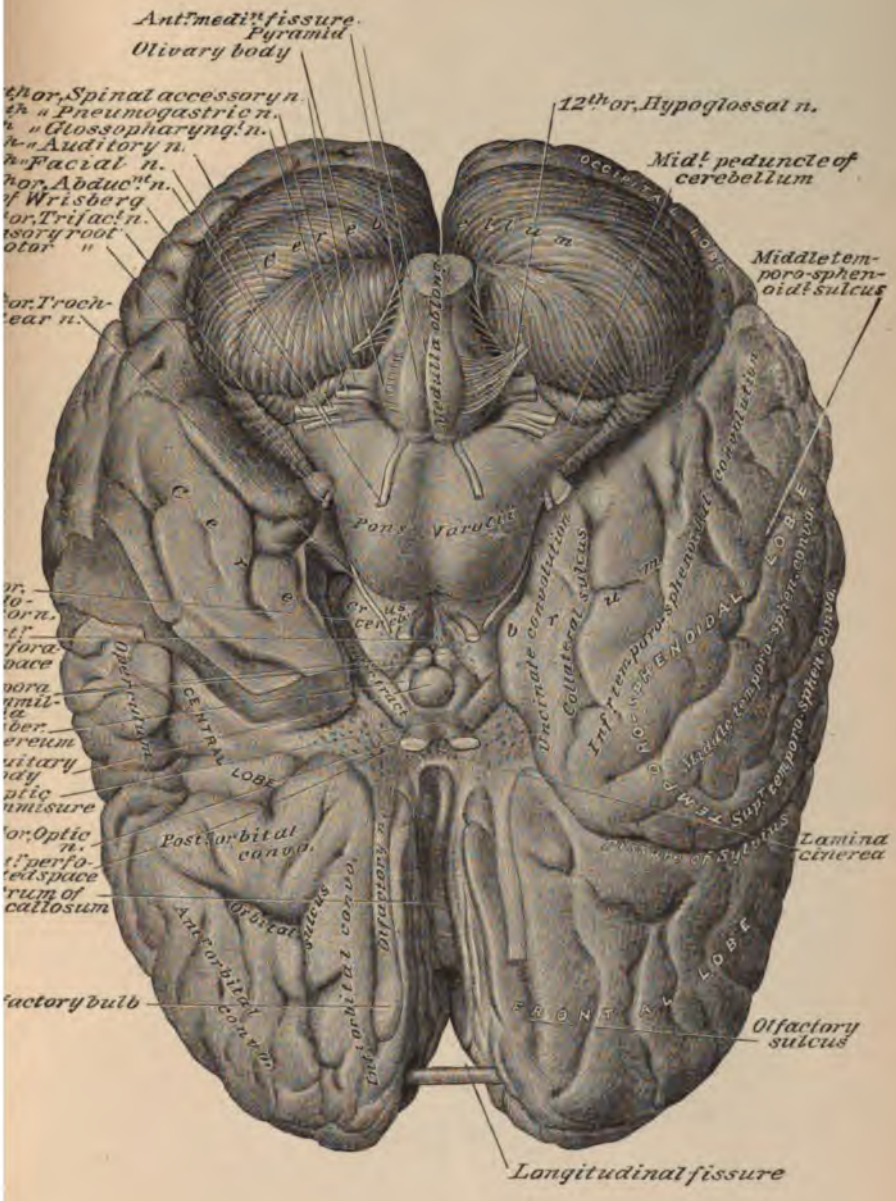
H. Cohn, ad naturam del.



Cohn, ad naturam del.

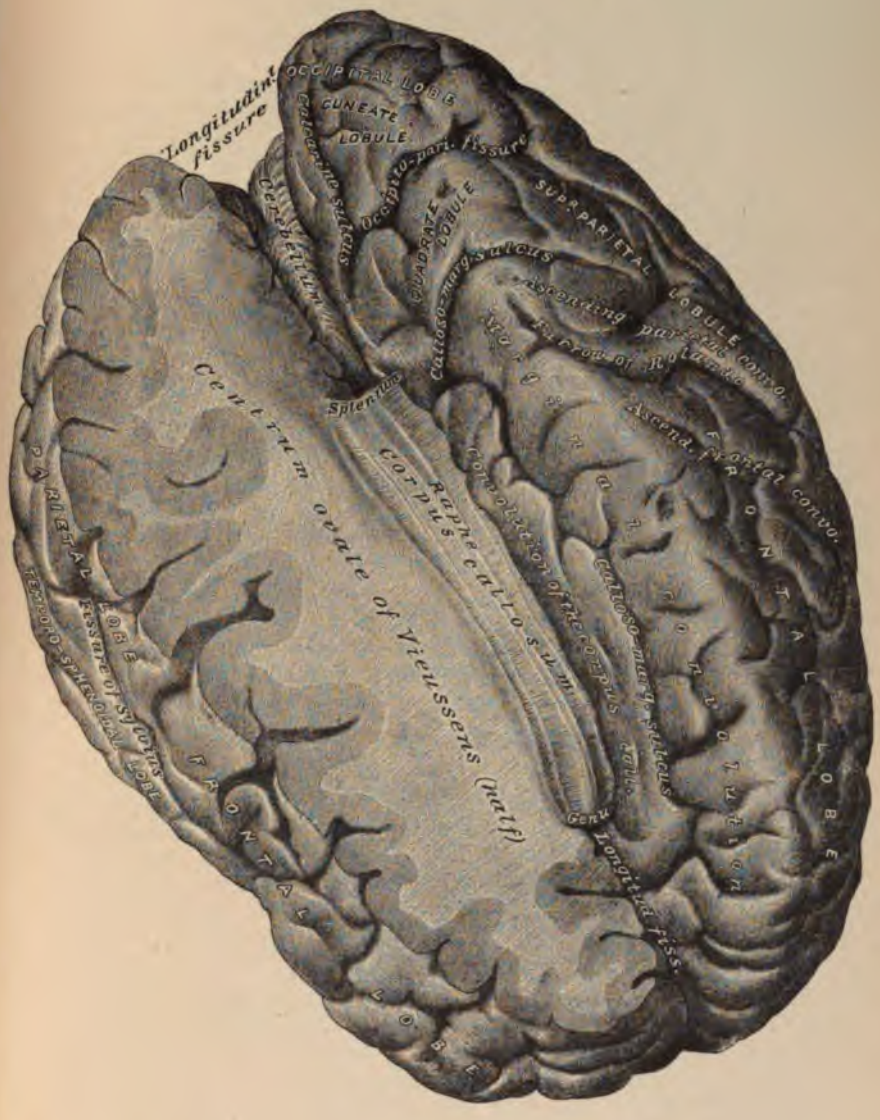
PLATE 213

B.C.Cobb, ad naturam del.

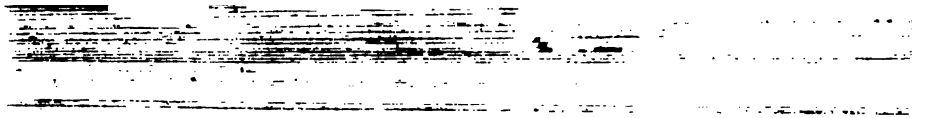


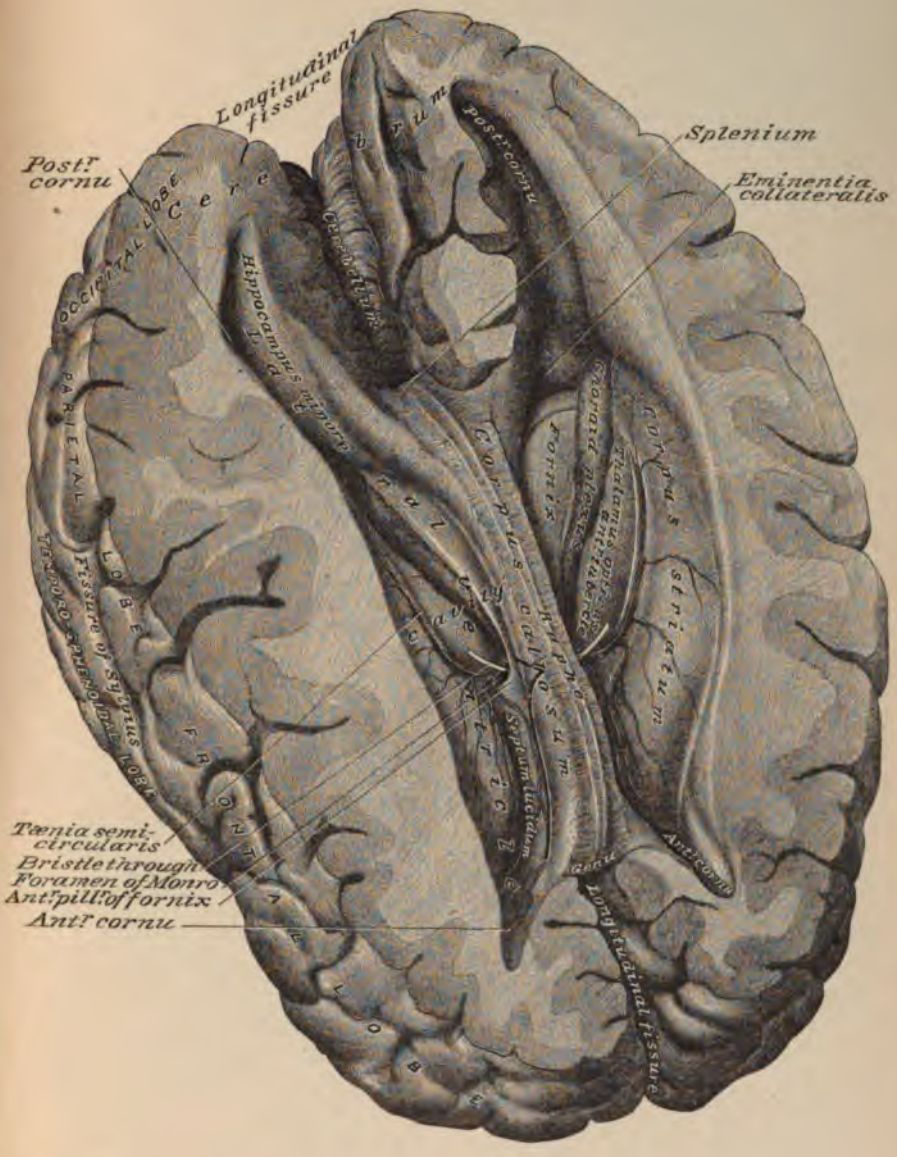
Cohn, ad naturam del.

PLATE 215.



M. Cohn, ad naturam del.





M. Cohn. ad naturam del.

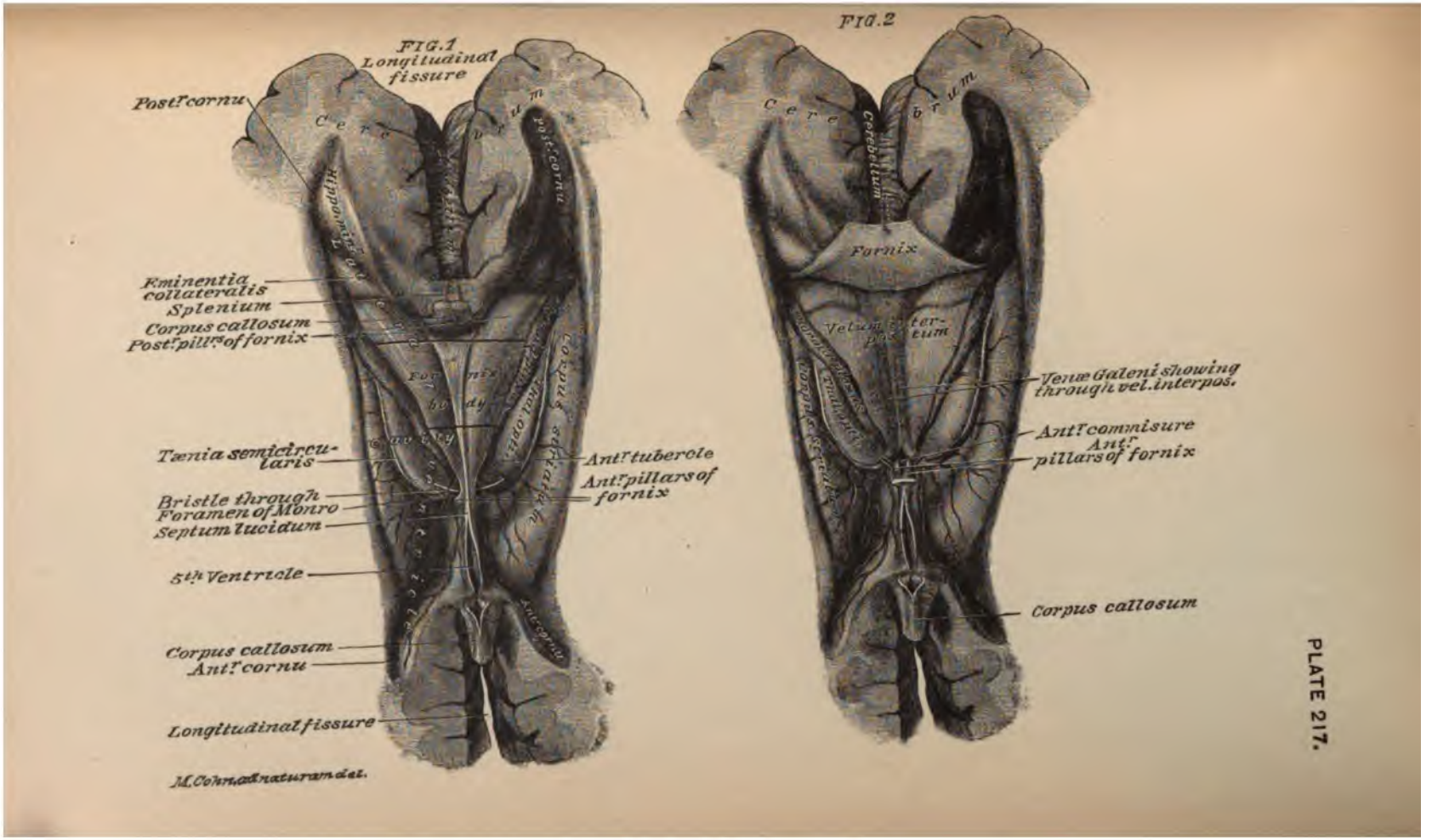


FIG.1
Longitudinal fissure
Post.r cornu
Eminentia collateralis
Splenium
Corpus callosum
Post.r pillars of fornix
Tænia semicircularis
Bristle through Foramen of Monro
Septum lucidum
5th Ventricle
Corpus callosum
Ant.r cornu
Longitudinal fissure
Ant.r tubercle
Ant.r pillars of fornix
M.Conradi natura ad.
FIG.2
Fornix
Venæ Galeni showing through vel. interpos.
Ant.r commisure
Ant.r pillars of fornix
Corpus callosum

PLATE 217.

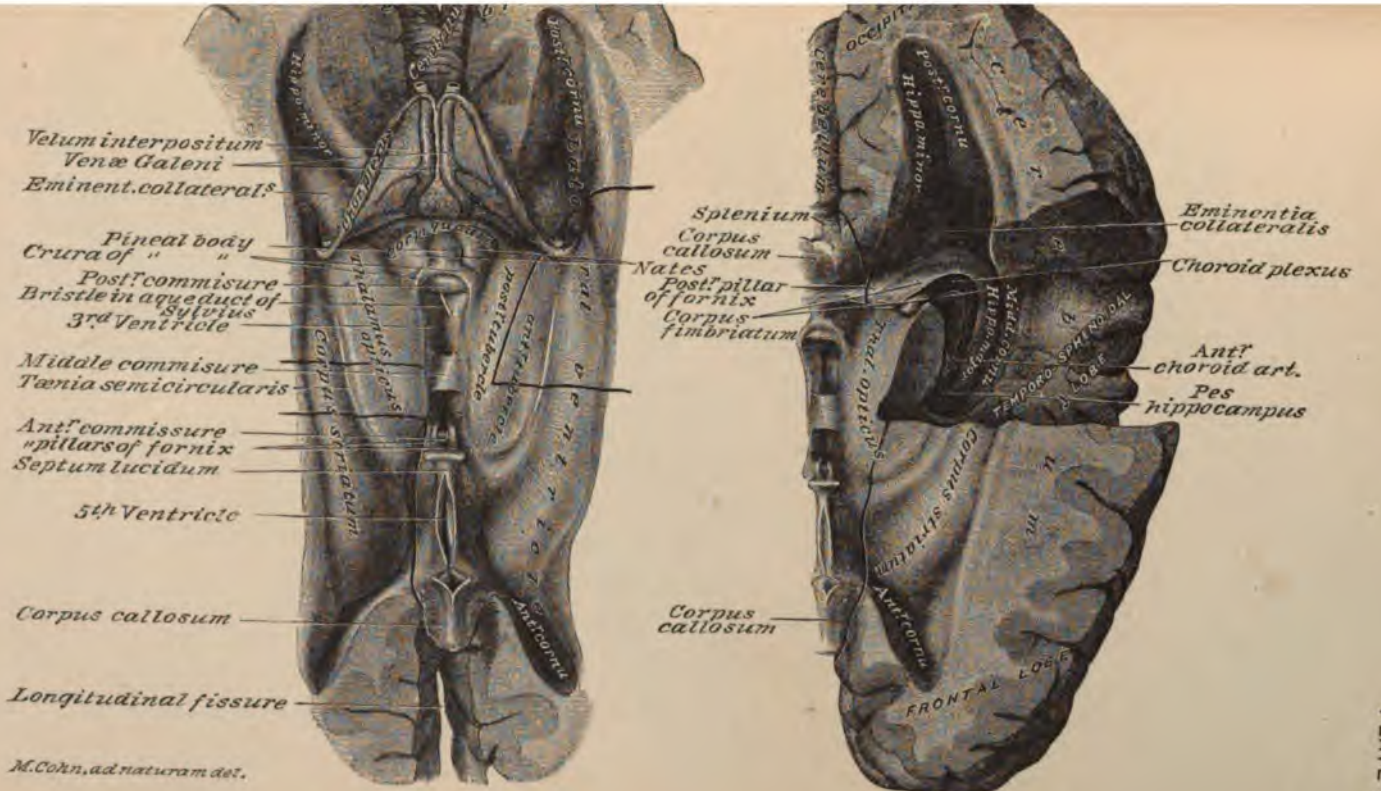

Velum interpositum
Venæ Galeni
Eminent. collaterals
Pineal body
Crura of " "
Post.r commisure
Bristle in aqueduct of Sylvius
3rd Ventricle
Middle commisure
Tænia semicircularis
Ant.r commissure
" pillars of fornix
Septum lucidum
5th Ventricle
Corpus callosum
Longitudinal fissure
M. Cohn, ad naturam del.
Splenium
Corpus callosum
Nates
Post.r pillar of fornix
Corpus fimbriatum
Eminentia collateralis
Choroid plexus
Ant.r choroid art.
Pes hippocampus
Corpus callosum
FRONTAL LOBE

PLATE 218.

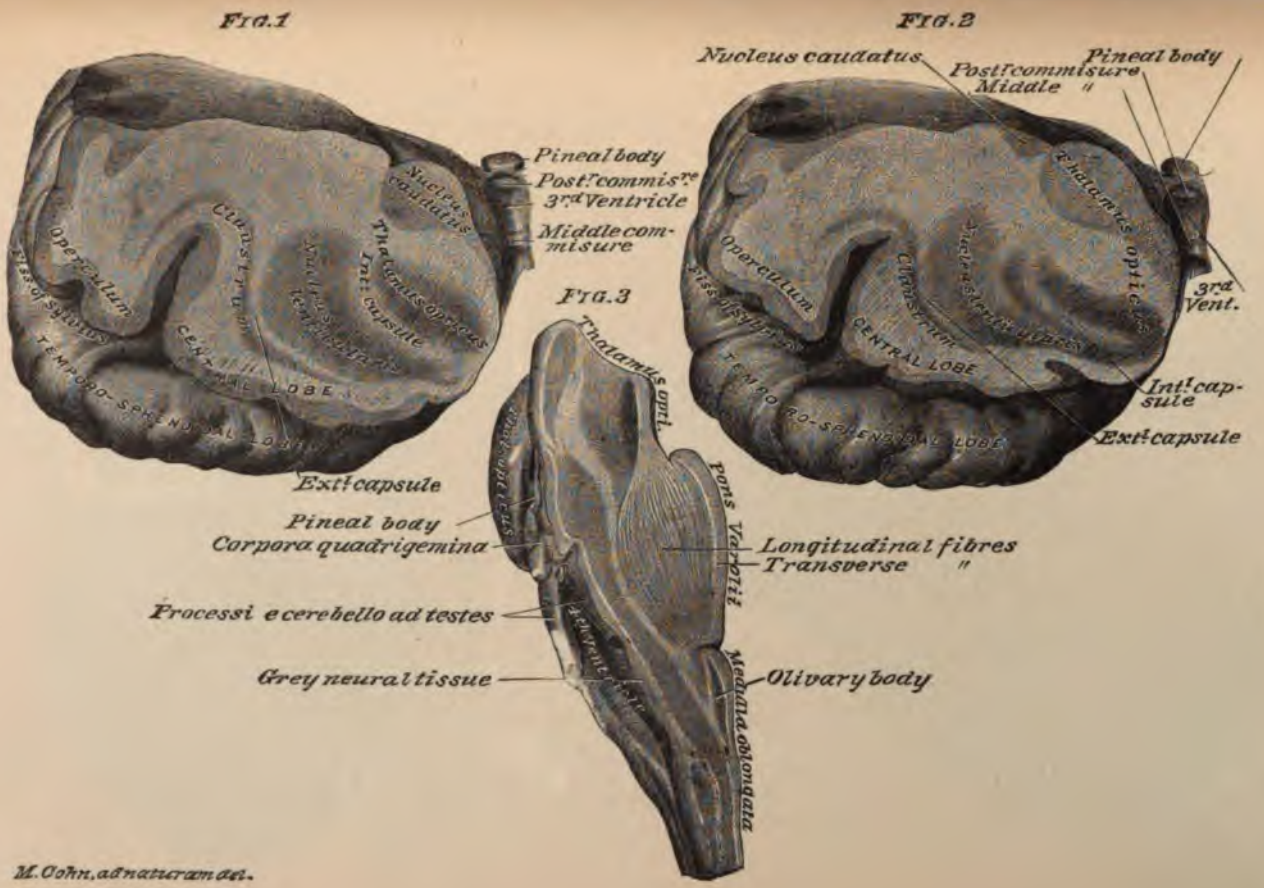


Fig.1
Pineal body
Post.l commis.re
3rd Ventricle
Middle commisure
Nucleus caudatus
Thalamus opticus
Int. capsule
Claustrum
Operculum
Fiss. of Sylvius
CENTRAL LOBE
TEMPORO-SPHENOIDAL LOBE
Ext.l capsule
Fig.2
Nucleus caudatus
Post.l commisure
Middle "
Pineal body
Thalamus opticus
3rd Vent.
Int.l capsule
Ext.l capsule
Fig.3
Thalamus opt.
Pineal body
Corpora quadrigemina
Processi e cerebello ad testes
Grey neural tissue
pons Varolii
Longitudinal fibres
Transverse "
Olivary body
Medulla oblongata
M. Cohn, ad naturam del.

PLATE 219.

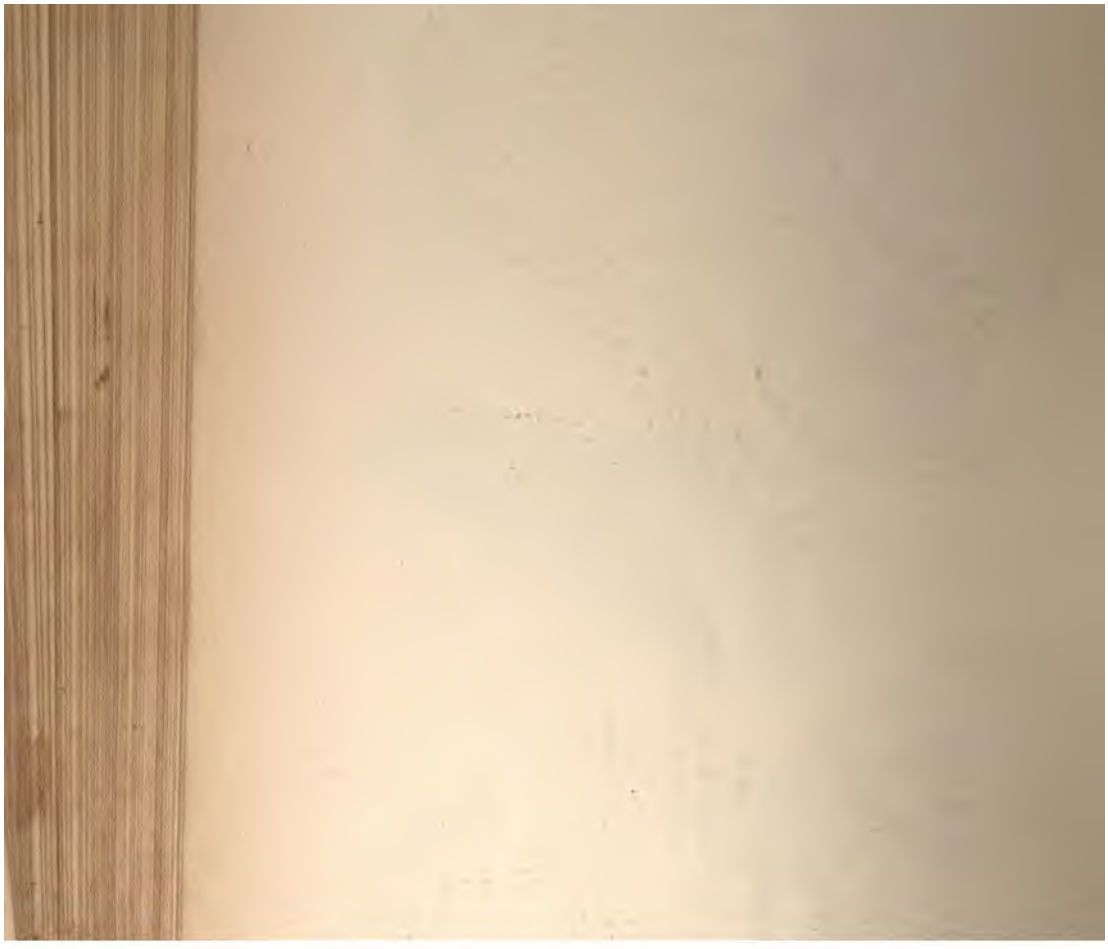


FIG. 1

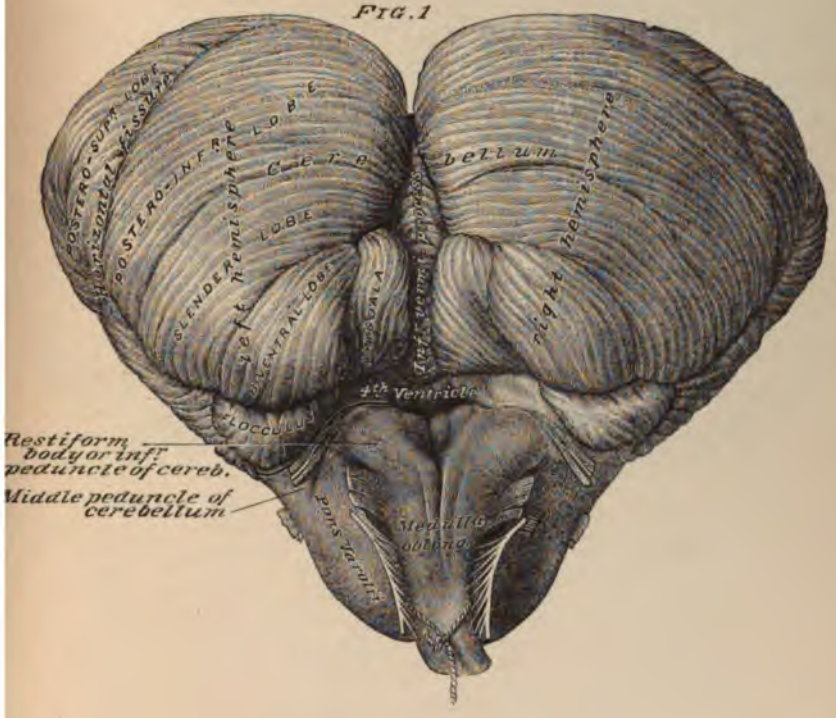

Horizontal fissure
Postero-sup. lobe
Postero-inf. lobe
Slender lobe
Left hemisphere
Central lobe
Vermis
Flocculus
4th Ventricle
Restiform body or Inf. peduncle of cereb.
Middle peduncle of cerebellum
Pons Varolii
Medulla oblong.
Vermis
Right hemisphere

FIG. 2

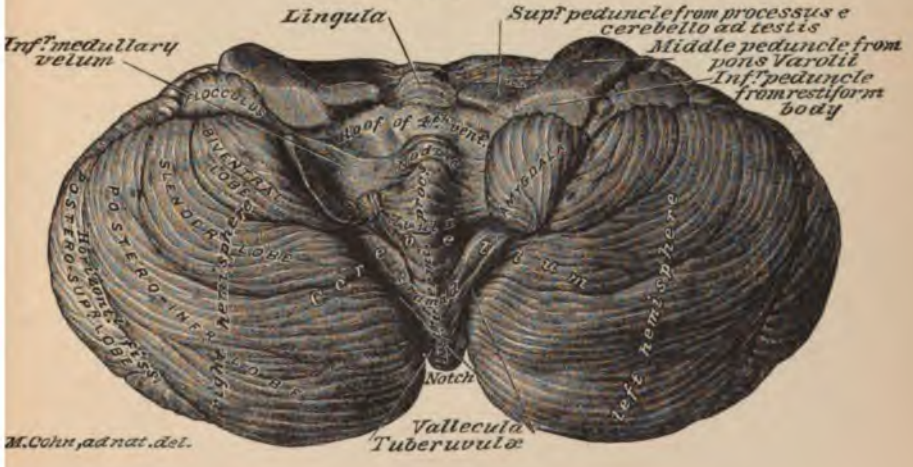

Lingula
Sup. peduncle from processus e cerebello ad testis
Inf. medullary velum
Middle peduncle from pons Varolii
Inf. peduncle from restiform body
Flocculus
Roof of 4th Vent.
Amygdala
Postero-sup. lobe
Postero-inf. lobe
Slender lobe
Central lobe
Notch
Vallecula
Tuberuvulæ
Left hemisphere
M. Cohn, ad nat. del.

FIG. 1

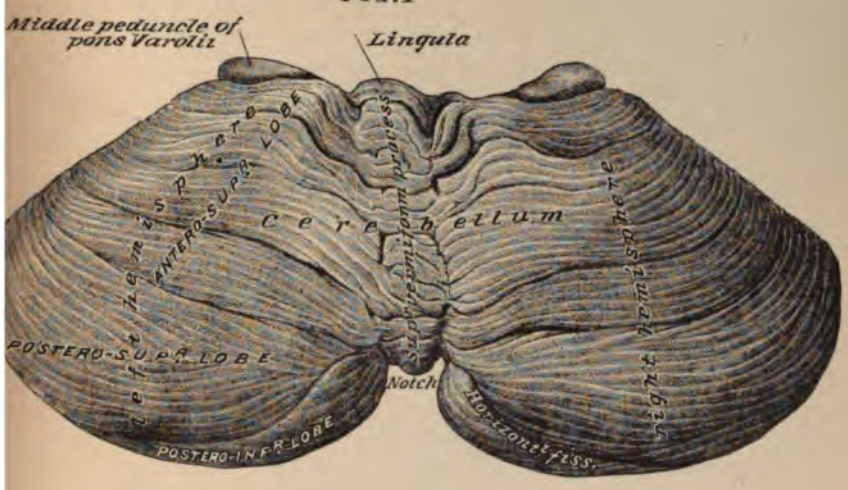
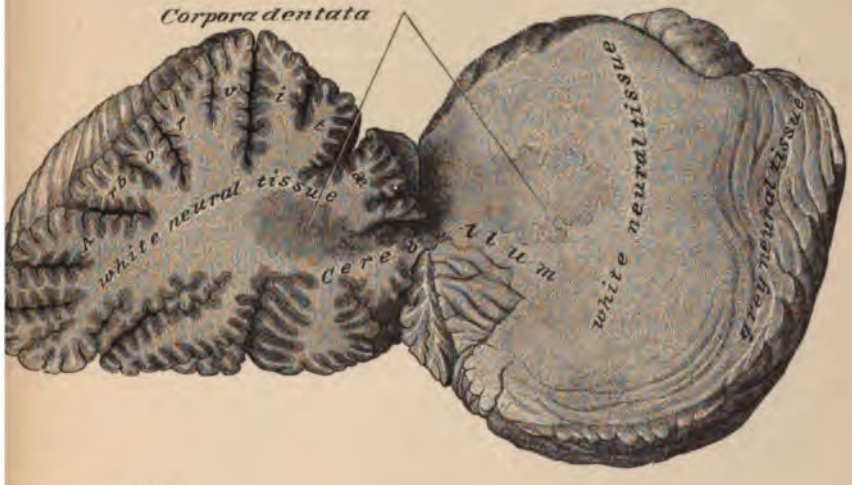


FIG. 2



M. Cohn, ad nat. del.

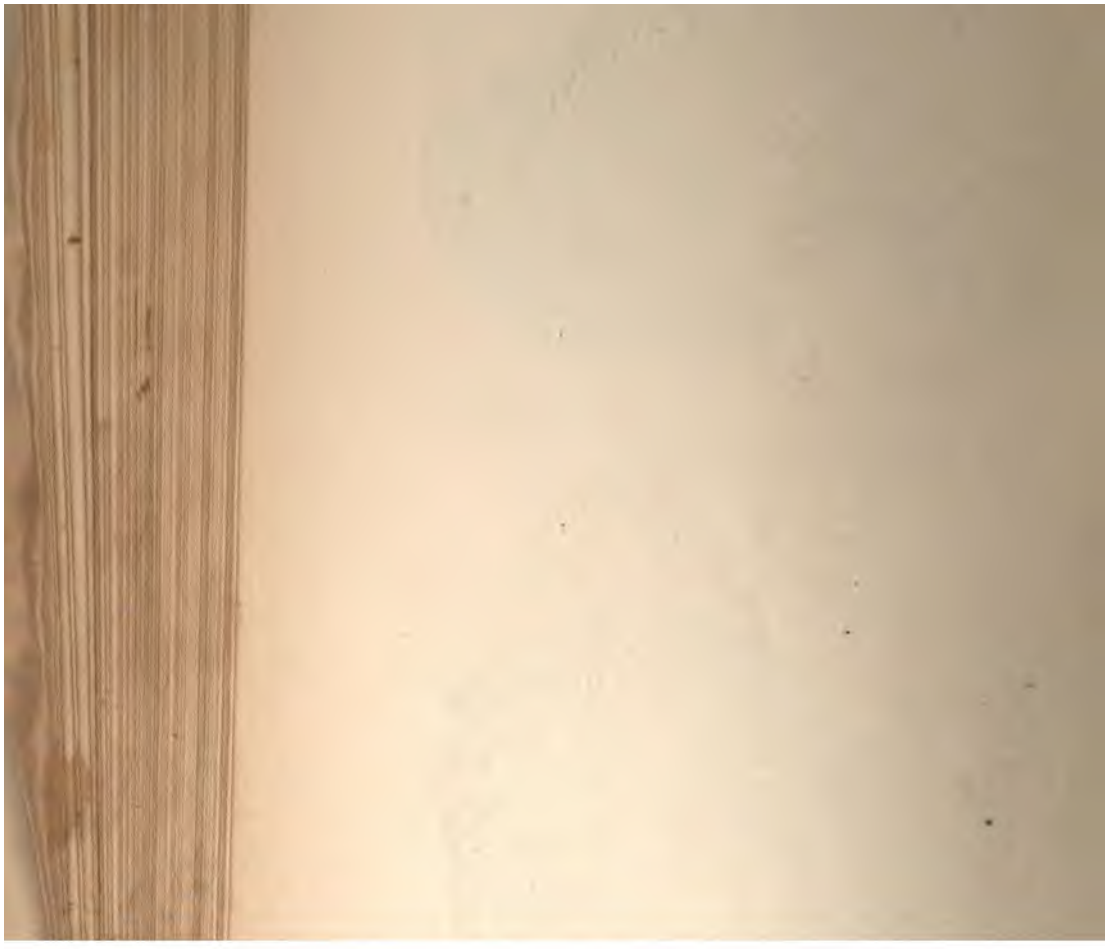


FIG. 1

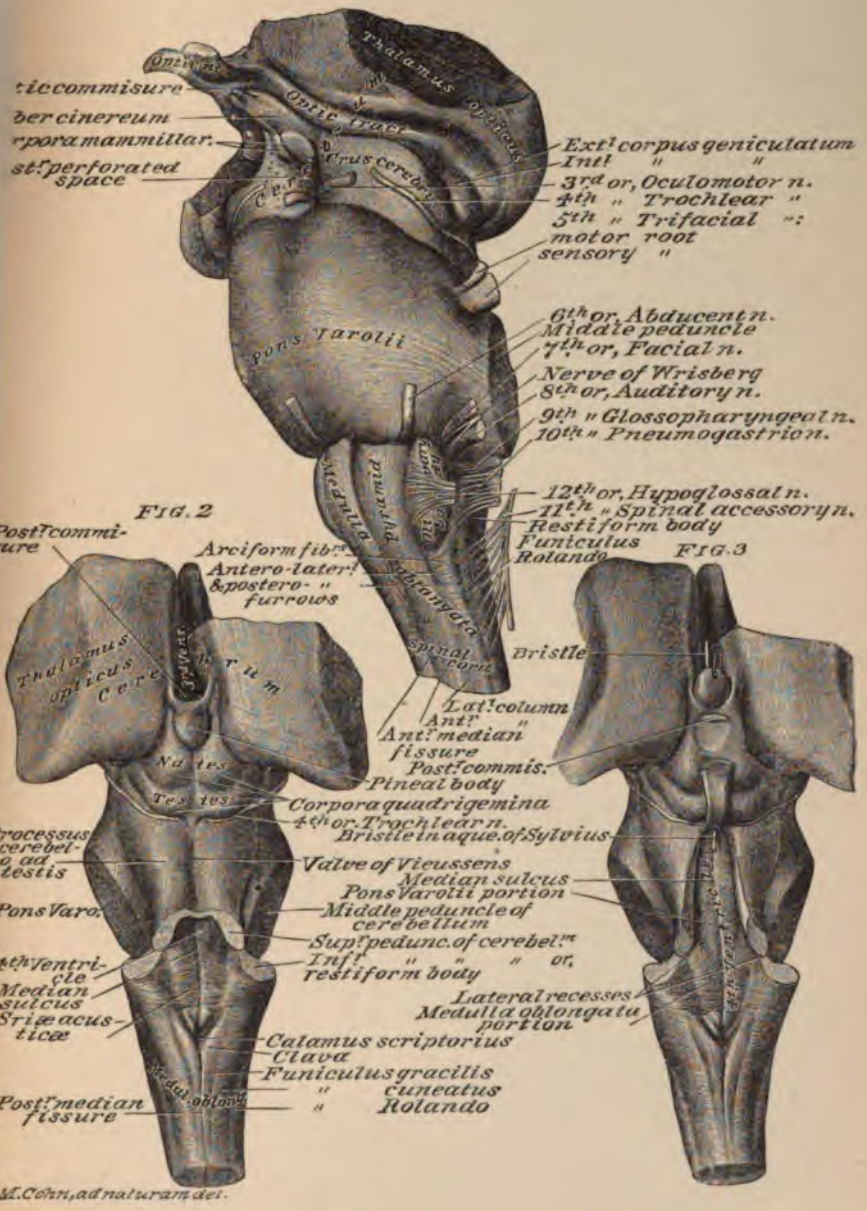


FIG. 2

FIG. 3

M. Cohn, ad naturam del.

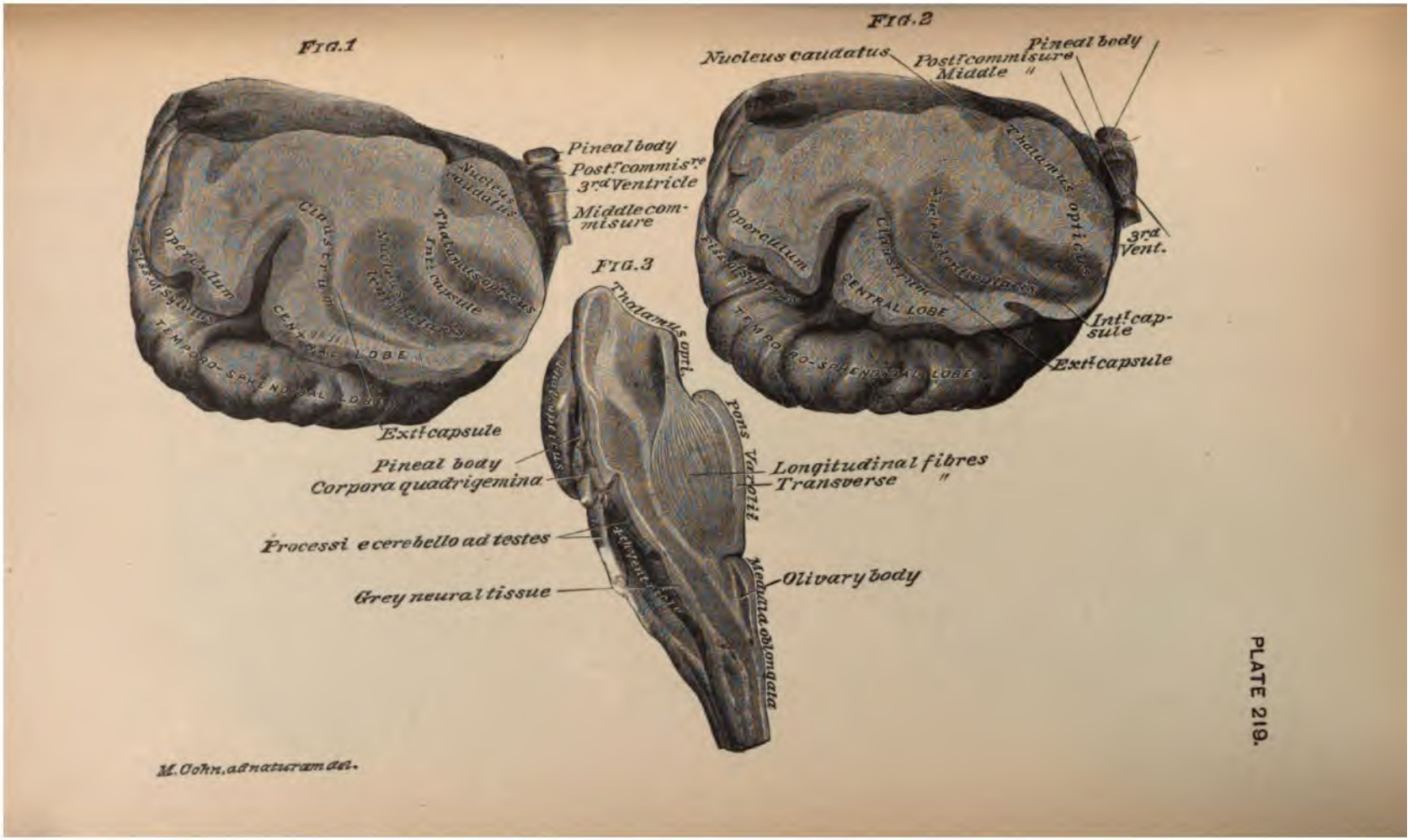


FIG.1
Pineal body
Post.r commis.re
3rd Ventricle
Middle com-
misure
Nucleus caudatus
Thalamus opticus
Int.l capsule
Claustrum
Operculum
Fissura Sylvii
CENTRAL LOBE
TEMPORO-SPHENOIDAL LOBE
Ext.l capsule
FIG.2
Nucleus caudatus
Post.r commisure
Middle "
Pineal body
Thalamus opticus
3rd Vent.
Operculum
Claustrum
CENTRAL LOBE
Int.l capsule
Ext.l capsule
FIG.3
Thalamus opt.
Pons Varolii
Longitudinal fibres
Transverse "
Pineal body
Corpora quadrigemina
Processi e cerebello ad testes
Grey neural tissue
Olivary body
Medulla oblongata
M. Cohn, ad naturam del.
PLATE 219.

FIG. 1

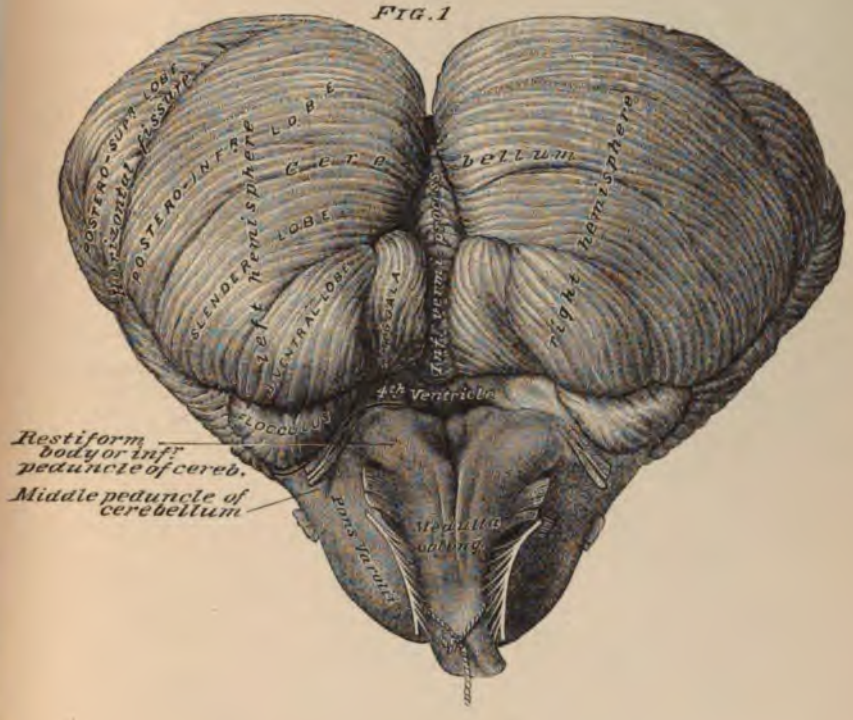
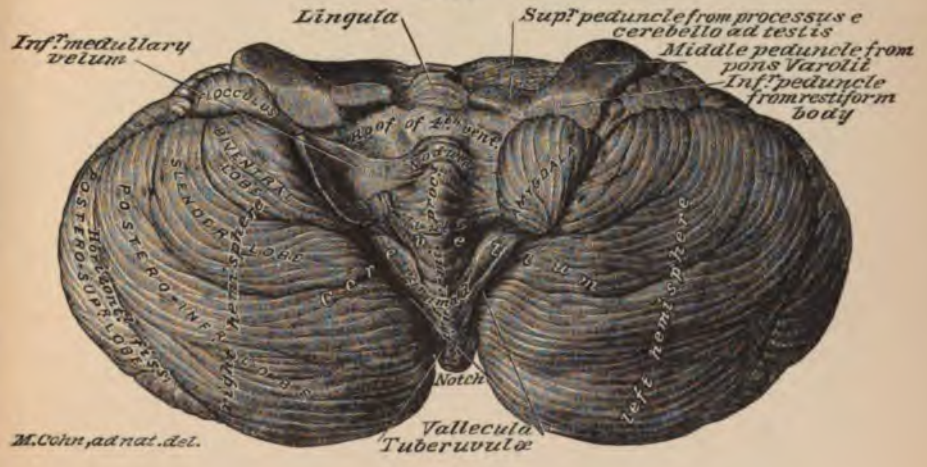
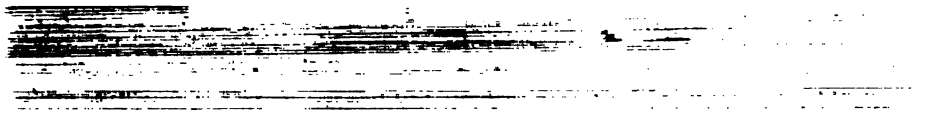


FIG. 2



M. Cohn, ad nat. del.



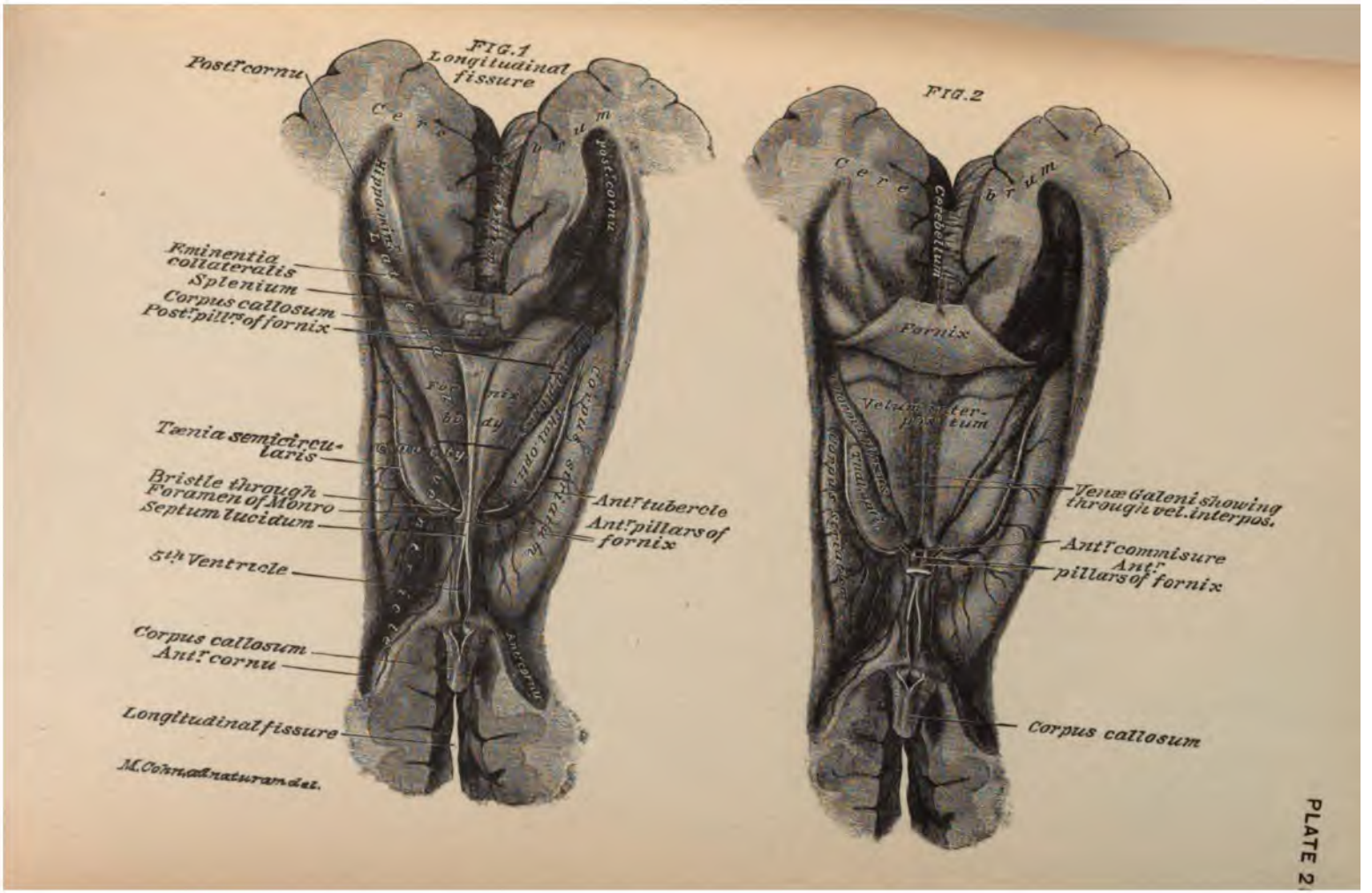
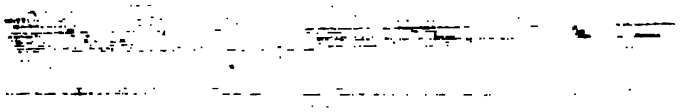


FIG.1
Longitudinal fissure
Post.r cornu
Eminentia collateralis
Splenium
Corpus callosum
Post.r pillrs of fornix
Tænia semicircularis
Bristle through Foramen of Monro
Septum lucidum
5th Ventricle
Corpus callosum
Ant.r cornu
Longitudinal fissure
Ant.r tubercle
Ant.r pillars of fornix
M. Cohn ad naturam del.
FIG.2
Cerebellum
Fornix
Velum inter-positum
Venæ Galeni showing through vel. interpos.
Ant.r commisure
Ant.r pillars of fornix
Corpus callosum
PLATE 2



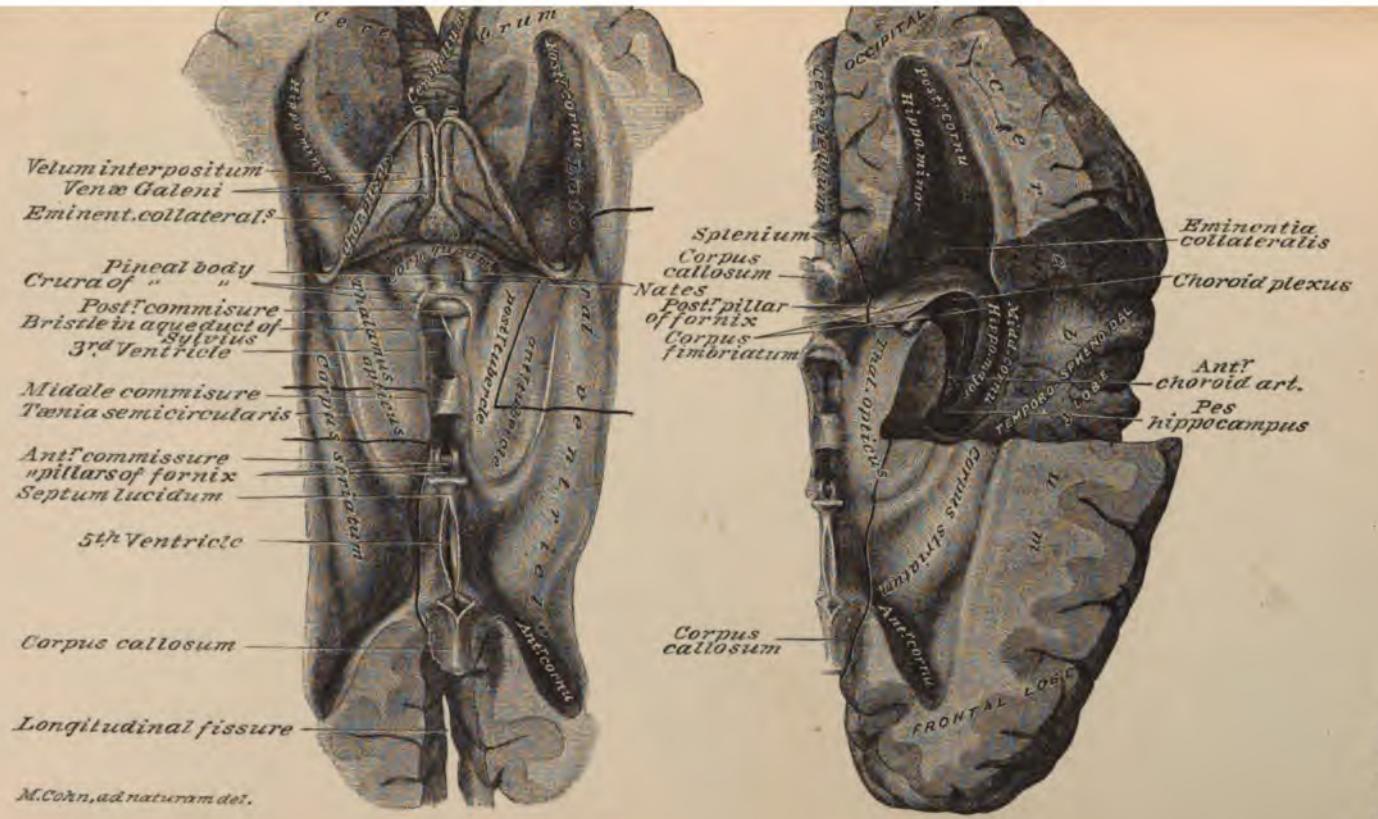

Velum interpositum
Venæ Galeni
Eminent. collaterals
Pineal body
Crura of " "
Post^r commisure
Bristle in aqueduct of Sylvius
3rd Ventricle
Middle commisure
Tænia semicircularis
Ant^r commissure
" pillars of fornix
Septum lucidum
5th Ventricle
Corpus callosum
Longitudinal fissure
M. Cohn, ad naturam del.
Splenium
Corpus callosum
Nates
Post^r pillar of fornix
Corpus fimbriatum
Eminentia collateralis
Choroid plexus
Ant^r choroid art.
Pes hippocampus
Corpus callosum
OCCIPITAL LOBE
FRONTAL LOBE
TEMPORO-SPHENOIDAL LOBE

PLATE 218.

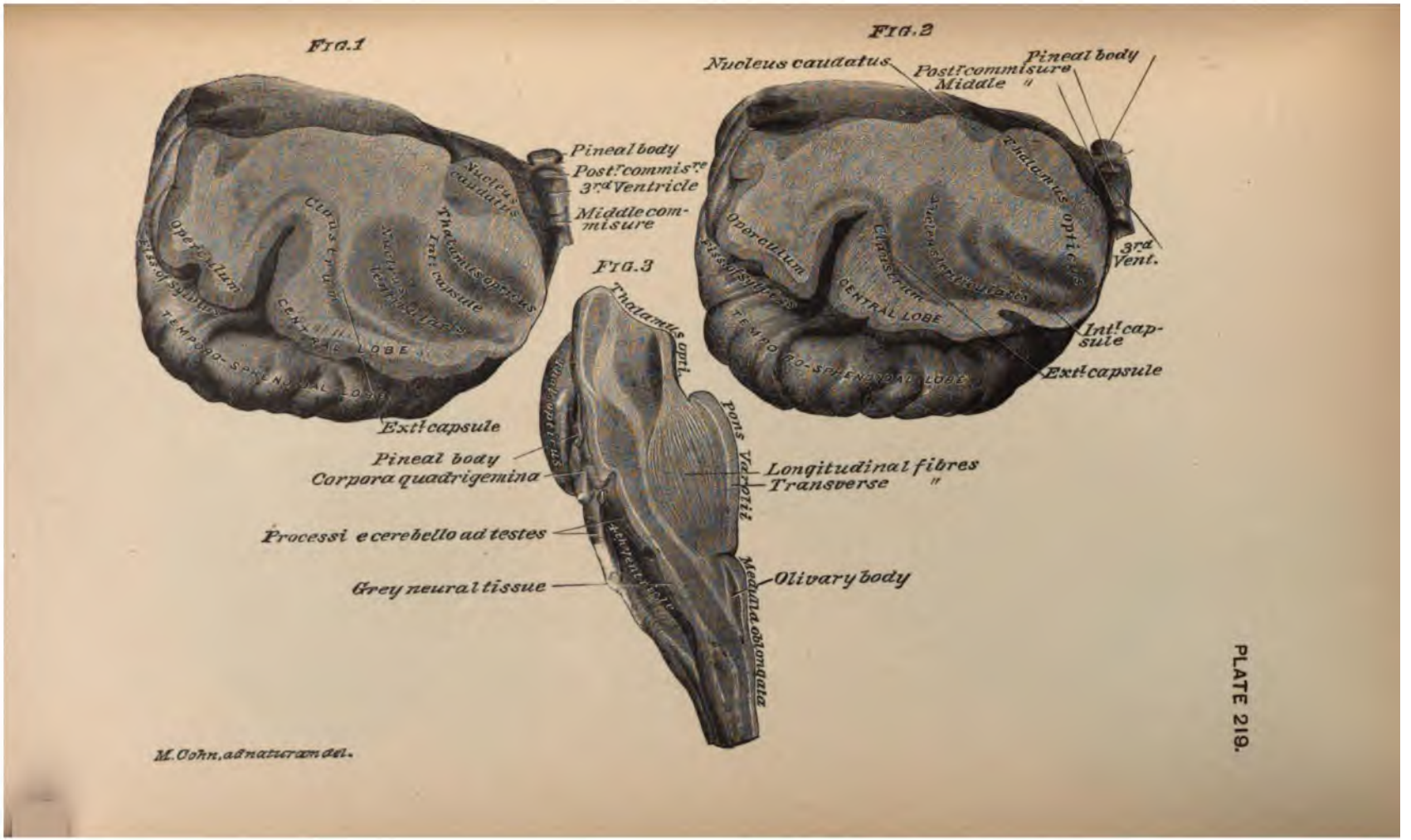


Fig.1
Pineal body
Post.r commis.re
3rd Ventricle
Middle com-
misure
Nucleus caudatus
Thalamus opticus
Int.l capsule
Claustrum
Operculum
Fissure of Sylvius
CENTRAL LOBE
TEMPORO-SPHENOIDAL LOBE
Ext.l capsule
Fig.2
Nucleus caudatus
Post.r commisure
Middle "
Pineal body
Thalamus opticus
3rd Vent.
Int.l capsule
Ext.l capsule
Fig.3
Thalamus opti.
Pons Varolii
Longitudinal fibres
Transverse "
Pineal body
Corpora quadrigemina
Processi e cerebello ad testes
Grey neural tissue
Olivary body
Medulla oblongata
M. Cohn, ad naturam del.
PLATE 219.

FIG. 1

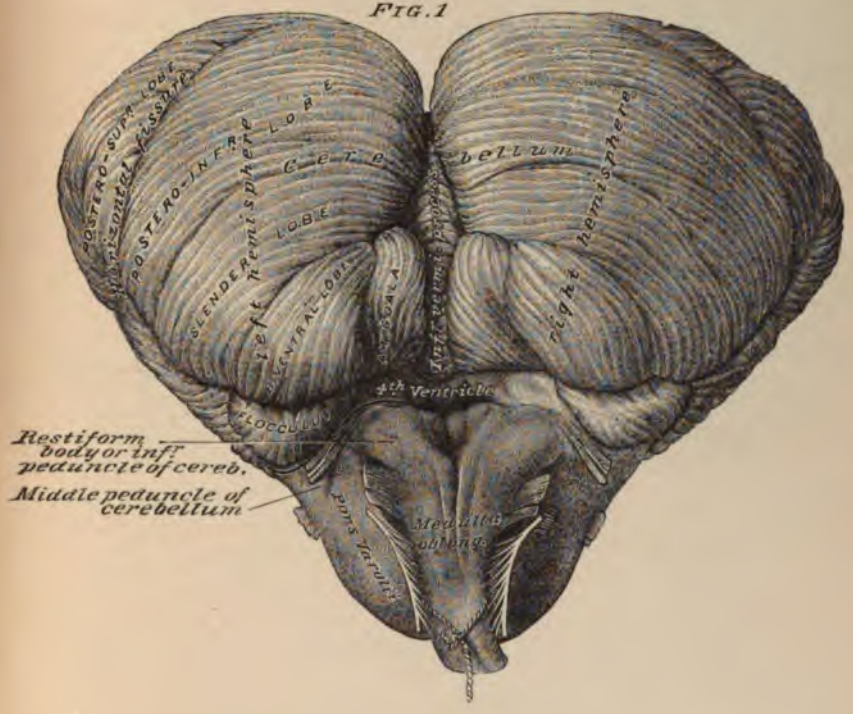
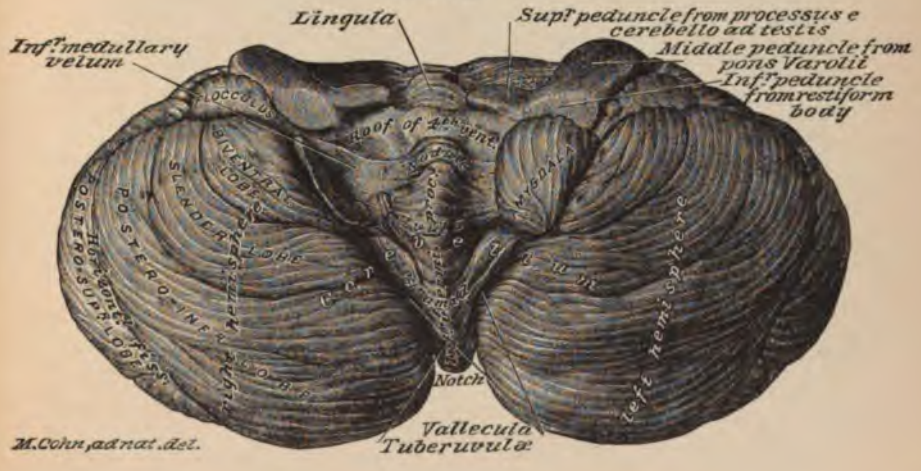

Restiform body or inf.r peaunicle of cereb.
Middle peaunicle of cerebellum
Pons Varolii
Medulla oblongata
4th Ventricle
Flocculus
Tuber valvulæ
Velum
Right hemisphere
Left hemisphere
Slender lobe
Central lobe
Posterior inferior lobe
Posterior superior lobe
Horizontal fissure

FIG. 2


Lingula
Inf.r medullary velum
Sup.r peduncle from processus e cerebello ad testis
Middle peduncle from pons Varolii
Inf.r peduncle from restiform body
Flocculus
Roof of 4th ventricle
Velum
Central lobe
Slender lobe
Posterior inferior lobe
Posterior superior lobe
Horizontal fissure
Left hemisphere
Notch
Vallecula
Tuberuvulæ
M. Cohn, ad nat. del.

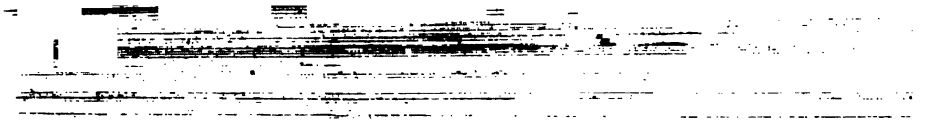


FIG. 1

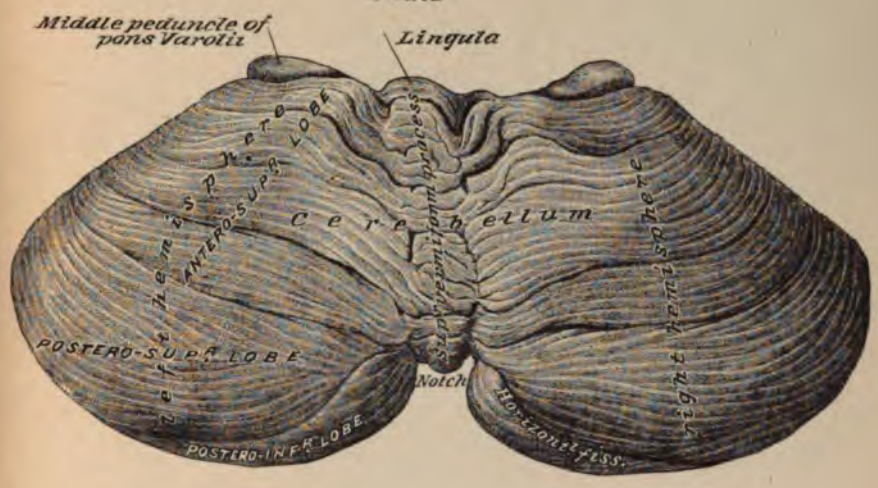
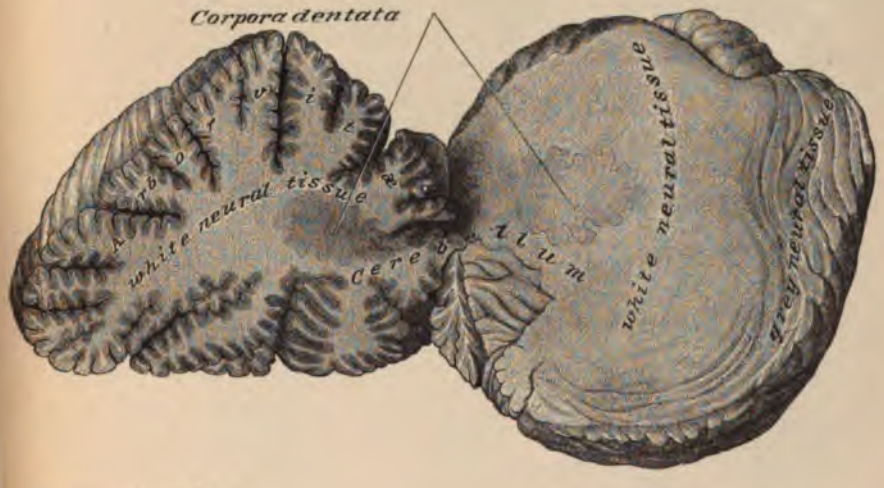


FIG. 2



M. Cohn, ad nat. del.

FIG. 1

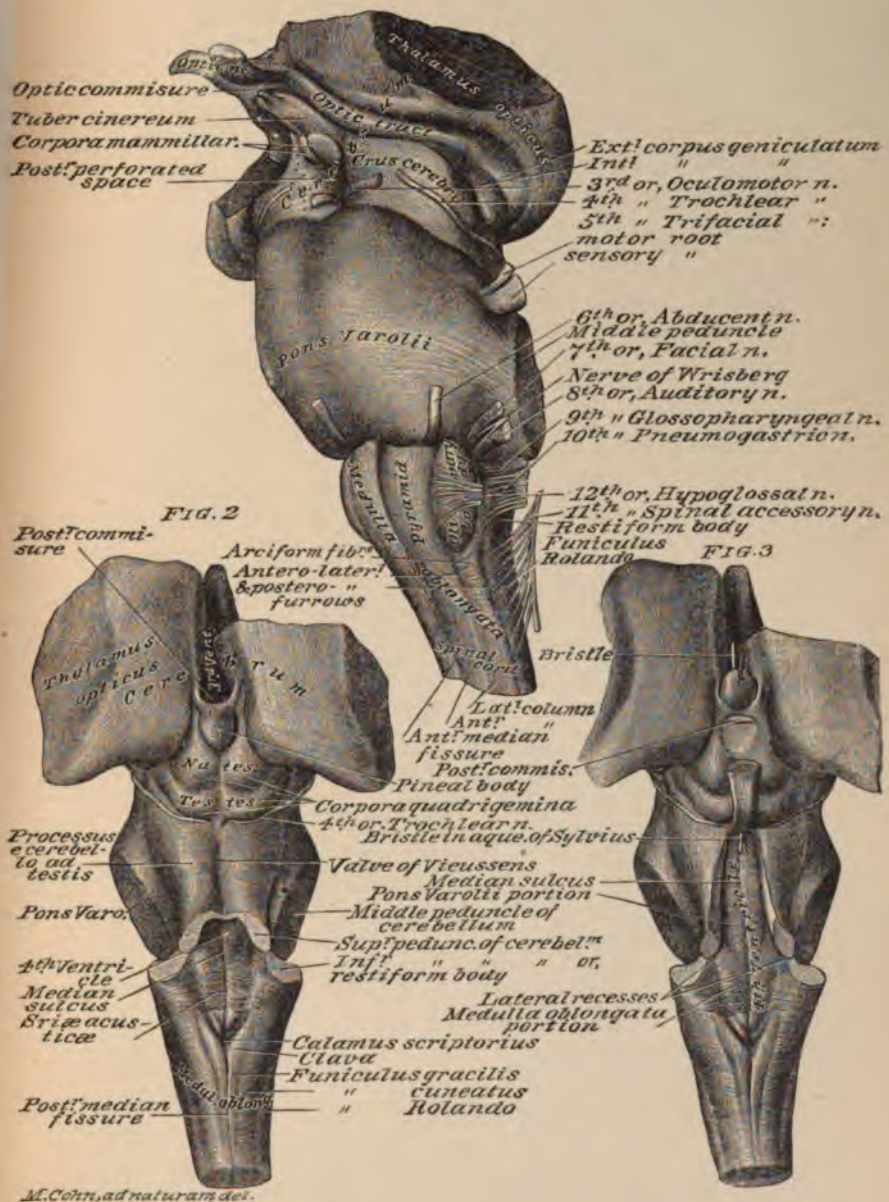


FIG. 2

FIG. 3

M. Cohn, ad naturam del.

INDEX.

☞ *Introduction text not indexed. The figures refer to the plates. To avoid complication, references to the figures of the plates are omitted, the plate reference being considered sufficient. A plate reference, like this—* **192** *to* **197**—*means that the part referred to is illustrated in the plates from* **192** *to* **197**, *inclusive.*

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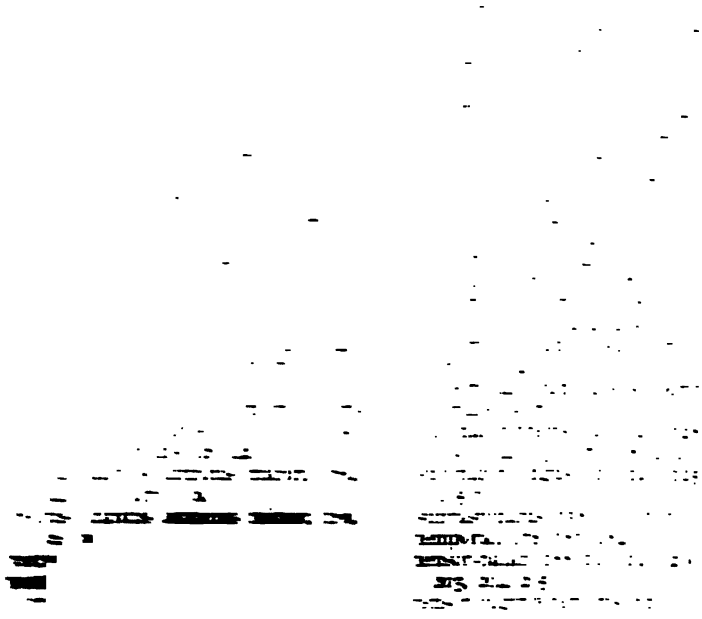

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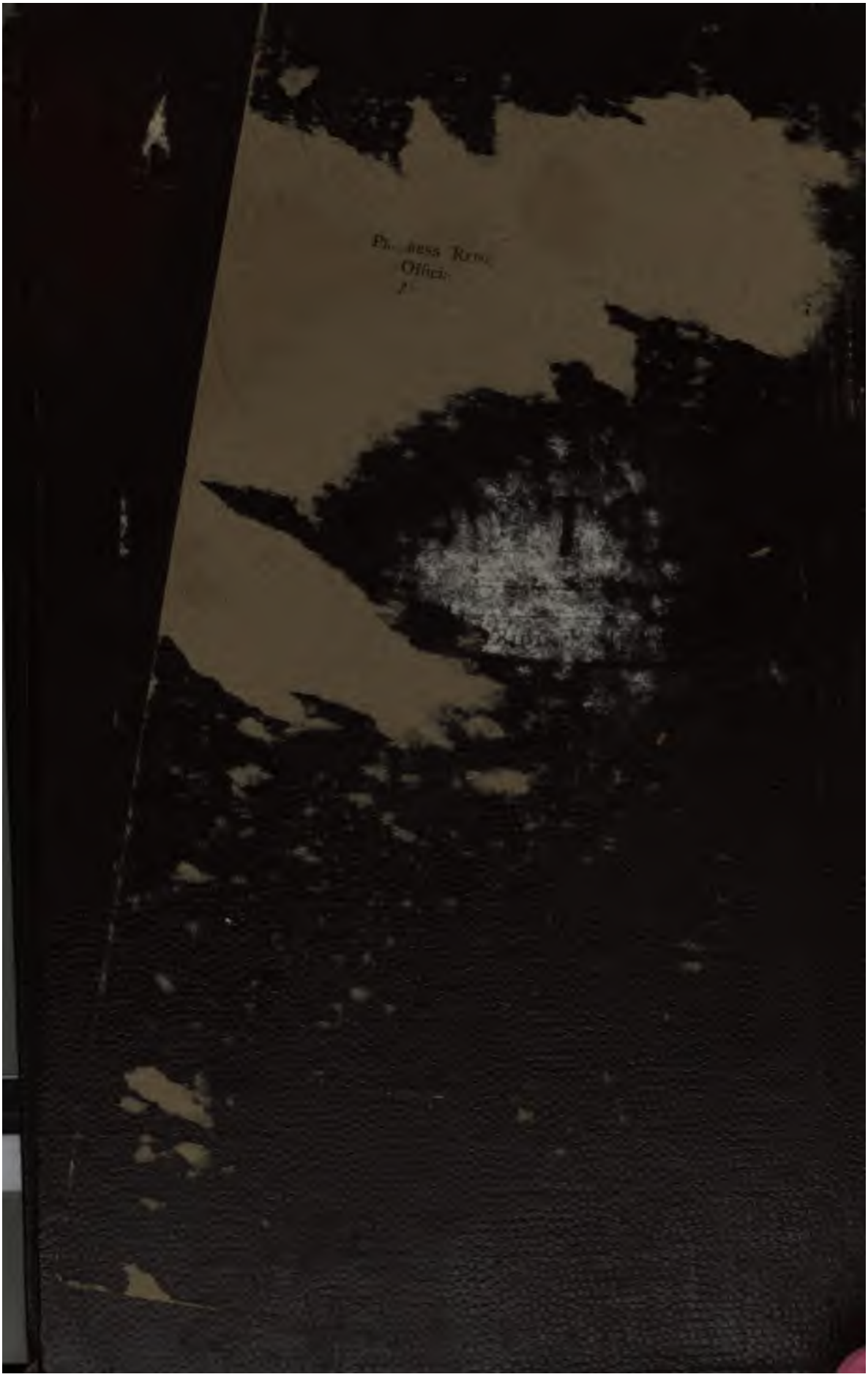
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